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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE THERAPEUTIC VALUE OF MENTAL OCCUPATION.

GRADUATING THESIS OF HANNAH M. THOMPSON, M. D.,
Of the Woman's Medical College of Pennsylvania,
Class of 1883.

(Continued from page 482.)

Case 2. I am able to give more in detail. This was a typical case of neurasthenia, complicated, as it so often is in women, with uterine disease.

The symptoms of cerebral neurasthenia were the most prominent, and indeed the only marked symptoms of this case, and were of such a nature as to threaten serious disaster. Of these, insomnia was perhaps of the most alarming import.

The patient complained of a continual aching at the base of the brain, inability to hold up the head without support, and an intense throbbing and pressure increased on lying down; frequent attacks of severe nervous headache; occasional syncope or vertigo with momentary loss of consciousness; heaviness and numbness of the limbs, with partial paralysis of one arm at times, and great general exhaustion. In addition, failure of memory; a want of power of concentration; great mental fatigue and confusion, with brain excitement and inability to rest, rendered her condition extremely pitiable.

She expressed herself as feeling sometimes as if her brain were on fire, or as though it were in convulsions.

Here was certainly every indication for brain-rest, absolute and prolonged, but how was it to be attained? The patient was compelled to give up

her accustomed occupation of teaching. Rest at home, with but little medical treatment for about a year, was followed by only slight improvement. Different methods of treatment away from home brought but little better results, at least no permanent benefit. Indeed, it seemed that too frequent dwelling upon her own ills—real and severe as they were—was impairing her mental integrity, and thwarting all efforts at cure. About this time she consulted a physician of keener insight into nervous diseases than is usual. He at once recognized this danger, and in looking about for a change of thought for her, found her tastes inclined toward medical studies. An attendance upon one subject of the medical course, under the instructions of a live teacher and vigorous thinker, was proposed. She at once entered into the project with much interest. There was a stimulus and encouragement even in the thought that it was possible for her to do something.

A favorable change was noticed by her physician and friends both in her expression and conversation, almost upon her first effort at work in this direction. The progress, however, was slow, as is always to be expected in cases of decided brain-exhaustion of so long standing. Recovery was also greatly retarded by the uterine affection. This was not only very stubborn in yielding to treatment, but the shock of local treatment was so great that she would scarcely rally from one before another was required. In spite, however, of this source of irritation and weakness, she continued steadily to improve, especially in nervous and mental strength. The first winter she was only able to attend, and very irregularly, three lectures a week.

The second winter she undertook two subjects, and private recitations once a week.

The next session she commenced with three branches, but on account of sickness and death in her family, she abandoned lectures for that winter. In the spring she commenced dissection and laboratory work, and recitations with the class, besides a part of the lectures of the spring course.

The next winter she attended lectures in three branches (two of these new subjects to her), recited twice a week publicly, continued dissection, and at the end of the session passed the final examination in one subject. The next session lectures in four branches were attended; she finished practical anatomy, recited generally three times a week, attended clinics, and passed the final examination in two branches.

The next winter she again took four subjects, was able to take hospital week for the first time, to attend regularly at lectures, clinics, and recitations, and to take the final examination in two branches for the first time *with her class*, and at the appointed hours.

The next, and her final winter in college, she took the three remaining subjects and recitations upon these, with lectures upon a special subject, and clinics, generally four times a week. At the close of this session she passed examination in the three branches, and graduated, holding what she had gained in health, and showing marked improvement upon the year previous. This record shows of itself that each year she was able to undertake and accomplish a little added mental work. At the beginning of the first winter she could not hold up her head without support during one hour's lecture, nor could she read and comprehend a page on the subject. In fact, it was at first impossible at the close of a lecture to recall the subject. The very presence of others, and the excitement of new surroundings and new thoughts, was all that she could bear. At her first efforts at study she could only read five or ten minutes without resting, then she might be able for a few more minutes, and often that would be all for that day. Sometimes she would sit for hours with a book or notes before her, unable to get her brain quiet.

She found the best way was to take one statement of the lecturer, and *think that out*, and as she continued with sentence after sentence in this way, generally choosing the most difficult, she would find her brain growing quieter and less painful. It was a kind of mental gymnastics, with frequent and sometimes discouraging halts, and no great gain from day to day. In compar-

ing year with year, there was no doubting the progress, as already shown.

Friends predicted that the mental strain, and festivities attendant upon graduation, would be too much for her.

On the contrary, after resting but a short time, she commenced a post-graduate course, and during the spring following graduation, with other practical work, she performed an important surgical operation in the presence of the class.

This gives the history of this case up to the present date. Relatively speaking, the results have been quite as marked, and as forcibly illustrative of the recuperative power of satisfying mental work as case 1. She has not yet reached the same standard of health and strength, but the tendencies are strongly and steadily in that direction.

When two lives, almost wrecks from nervous troubles, are restored to usefulness, to comfort and health—or sure prospects of health—by earnest mental work, it is time we were looking on this side, and collecting the facts to combat false theories upon this subject. Before medical as well as non-medical people denounce intellectual work as injurious to woman's health, it would be well for them to study her mental constitution and the possible effects of mental repression upon her physical condition. Far oftener it is the want of adequate thorough mental training, and of a definite object in life which undermines the health of woman. When she learns the laws which govern her physical nature, and lives in accordance with those laws, she will have strength, even though delicately constituted, to be a scholar, a thinker, and a worker, in the largest and best sense. And as her education is extended and improved, the reaction upon her character and physical condition cannot fail to be most beneficial.

The reflex functional disturbances and nervous disorders which are associated with uterine and ovarian disease, present an important field for investigation. And while it is not to be supposed that mental influence, of whatever nature, will cure serious uterine, or other organic disease, there is no doubt but that in many cases of debility and diseases of woman, much good can be accomplished, if not a complete cure wrought, by directing her nervous energies into healthful channels. Where the nervous system is deeply involved and uterine disease reacts mainly upon the brain it requires all counteracting influences to *preserve the mind*, under such a pressure. That many women do succumb to the strain from this source, and become insane from these causes, there are sufficient facts to prove.

But there is one difficulty always to be met in carrying out some such plan of treatment as is indicated in our report of cases. While we cannot believe, as is often asserted, that the nervous or nervously debilitated must not study or think, these have to guard continually against the excitements and pressure of a stimulating mental atmosphere. But with the utmost care, patience and courage on the part of the invalid, and the coöperation of physician and instructors, this danger can be safely passed. Upon this subject Dr. Brown-Sequard says: "How often have I not seen young epileptics kept in idleness—alas! by medical advice—improve rapidly by having their minds occupied at regular hours in nearly the same way as healthy people of their age."

The study of medicine is not the only road to better health and a wider life, though its many sources and tributaries offer a large field for thought and work, and the knowledge of the laws of life and health which it unfolds, invaluable as they are to all, are of paramount significance to the seeker after health. Besides, it would seem that the very extent of this work, and its constant and absorbing interest, makes it one of the best of all mental rejuvenators, and one which holds possibilities for woman, unsurpassed by no other occupation or field of labor.

In the more enlightened methods of treatment of the insane of the present day, regular and varied mental occupation has become an important part of the system of cure.

Mental Cultivation as a Prophylactic.

Preventive medicine has been justly regarded as the highest department of the art of the physician. And in this extensive field there is no more urgent or important work than the prevention of nervous and mental diseases. In the language of Grotius: "The care of the human mind is the most noble branch of medicine." Still, the attention of parents and teachers is seldom directed to the important object of the prevention of insanity, and but little interest is really taken in education as a means to this great end. "That which is preventable," says Tuke, speaking of insanity, "shall have been reduced to a minimum by the widest extension of a thorough, but not oppressive and too early-commenced education."

And Maudsley: "I believe that the aims of a true education would, if sincerely recognized and earnestly pursued, do more than all the maxims of philosophy have done, and all the arts of medicine can do, to lessen the amount of insanity on earth."

All that has been said, and all that can be said

of the hygienic value of mental training holds good here, for whatever promotes health tends to prevent disease; but where there is a predisposition to certain diseases, whether inherited or acquired, there is an additional necessity for avoiding all exciting causes, and considering all preventive measures. If the prevalence of nervous and mental diseases is due to the pressure of modern life, by strengthening the nervous system, and fortifying mind and body by all available means, we might largely, if not wholly, neutralize this danger. While the property of irritability is the normal condition of nervous tissue, and the one by virtue of which it performs its function, over-irritability becomes a pathological condition, and the initial stage of structural changes.

This may be a result of a lack of vitality, a failure of nutrition, or a want of the power of inhibition from defective development of the higher centres of thought and will. Much might be done toward counteracting the tendency in these unstable centres, to disorderly and excessive action, by development and habitual exercise of the *higher brain centres*, as well as by improving the condition of the nervous system. On the physical side our aids are proper diet, exercise, rest, and other hygienic influences, but these are not as likely to be neglected, nor are they as important in a prophylactic sense, as a *special care of the mind*, and provision for its activities. Says the late Dr. Isaac Ray: "However important may be the physical regimen of persons predisposed to mental disease, it is unquestionably upon their mental exercises, that the fate of the larger portion must chiefly depend."

There is in every nature special inclinations and impulses of development which may be fostered or checked by the conditions of life, and the influences of education and training. A neglect of mental and moral training, an injudicious education, and an unwise mode of life, may so aggravate an inherent mischief that insanity is the natural outcome; on the other hand, a wise and harmonious education and happy external influences, may raise a barrier against the strongest—even the hereditary tendency. The records of insane hospitals show that there is scarcely an idiot so low that he cannot be so far improved by patient and laborious culture, as to acquire some power of self-government, both in regard to his body and mind.

But great as is the power of will when rightly developed, we must not forget that its development is a slow and gradual process. It represents a physiological and psychological growth, which

requires time and systematic exercise for its perfection.

But just as we may gain by practice, control of the muscles of the body, so that they may be coördinated in the most complicated action and thus obedient to the will; so can we by exercise acquire control over our thoughts and feelings, and associate them for the accomplishment of a definite aim in life. But how seldom is self-development and the formation of a character founded upon self-discipline and self-command an aim in life! The aims which chiefly predominate are of such a nature as will inevitably arouse and foster dangerous emotions and passions in their attainment. All the commonly named moral causes of insanity spring from wounded self-love, or from an undue prominence of the lesser things of life. They are griefs of a kind to which a rightly developed nature should not fall a prey.

Mental cultivation as a prophylactic can scarcely be carried too far, so long as consistent; for the more extended the range of the mind and the broader the discipline, the less danger of that partial, one-sided mental activity which is strikingly characteristic of insanity. There is also greater recuperative power in a mind of large resources, and it is less difficult to awaken new trains of thought, and to excite new emotions in such a mind, than in one who has scarcely an interest or a thought beyond his daily occupation.

But for the mind's healthy working, there must be variety and recreation. There is as much danger in keeping the bow ever bent, as in allowing the mind to lie long fallow.

This applies to all, but with the greatest force to those who are predisposed to nervous or mental diseases. Not only must they avoid all haste and excitement in their mental, as their other movements in life, but there must be a due relation between their abilities and their ambitions. They must not only understand the best methods of working, but that a full amount of mental labor and continuous mental strain is out of the question.

On the importance of directing the mind to healthy subjects, both from a curative and prophylactic point of view, too much cannot be said.

It has been said that where one has gone deranged from the study of science, hundreds have become so from studying the mysteries of existence and endeavoring to solve the problem of evil. The subject referred to is so common a cause of mental derangement, that its consideration properly belongs to preventive education.

The religious feeling, when properly regulated,

is a power more efficient than any other in moderating the daily anxieties and fevers of life, as well as in keeping the mind calm and steadfast through all its conflicts. But when religious devotions and feelings are allowed to entirely absorb the mind, and to induce a morbid self-analysis and introspection, it becomes a dangerous element.

When men have grasped the true meaning of life, and have founded their faith upon the Eternal Verities, they will not be greatly distressed about the future, nor much concerned about their part or place in the universe. Neither will they be unduly depressed or elated by the ebb and flow of the tides of life.

It is to the influence of the great truths of Christianity, clearly apprehended and practically applied, and to the development of the vast amount of undeveloped mentality which there is among mankind, that we may look for the highest health, and the diminution, in time to come, of the sum of insanity upon the earth.

APSITHYRIA.

BY J. SOLIS COHEN, M. D.,
Of Philadelphia.

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Several years ago (THE MEDICAL AND SURGICAL REPORTER, May 1, 1875,) I reported a series of cases of *apsithyria* or inability to whisper, associated with paralytic aphonia or loss of voice. Some additional examples of the double infirmity have come under my observation since that period. One of these was attended with so much difficulty in management, and gives withal such striking evidence of the value of persistence in treatment, that I am tempted to record the circumstances of its origin and progress, at some length.

A farmer's daughter, unmarried, forty years of age, who had at one time taught in a country school, was brought to me November 22, 1881, by her physician. For fifteen months her voice and whispering power had been absolutely lost, the double infirmity compelling resort to tablet and pencil as her only means of personal communication.

In February, 1879, she had been the subject of pneumonia. Recovery left her aphonic. For about eighteen months she had remained able to talk in

a whisper; but since that time, "word of mouth" had been for her an impossibility.

Submitted to the most rigorous tests, the aphosia proved to be real. It had no analogy with the simulated infirmity attending some cases of so-dubbed hysterical aphonia. Laryngoscopic inspection revealed paralysis of the arytenoid muscle and of both lateral crico-arytenoids. The larynx and pharynx were pallid.

The lady was debilitated, dispirited, languid, and hypersensitive. Stomachic digestion was good, but appetite was lost. Intestinal digestion was imperfect, and decomposition of its products frequent. Insomnia was constant. The patient asserted that this condition had been of some two years' duration, and that for more than a year she had not known what a sound sleep was. To complicate matters still further, the unfortunate lady was so deaf that she could not distinguish words uttered in unfamiliar tones, even though they were shouted close to her ear. Hence, for a long time, I had to depend upon the voice of her sister as my source of communication with her. Occasionally even this resource failed, and there was no communication save by the pencil. So many directions have to be given patients during laryngoscopic examinations, and still more so during intra-laryngeal manipulations, that treatment of the diseased larynges of the deaf is far from being a pastime. I begged the lady to write out her own medical history for me up to the period of our first interview, and from the notes she gave me I cull the following data:

From the age of one year to eighteen, she had suffered from asthma, to which she attributed her deafness, which began in her tenth year and increased with every cold she took. She probably suffered with a chronic rhino-pharyngitis, which gradually extended into the middle ear, and also excited asthmatic paroxysms of reflex origin from occlusions in the nasal passages.

Fifteen years before her visit to me (1865) she had an attack of typhoid pneumonia which left her invalided for seven months. Indeed, she never fully recovered, having had impaired respiratory power, occasional hemorrhages, and delicate lungs, ever since.

Five years later, during an attack of remittent fever, her head was kept bathed with ice water during several days and nights. After recovery, the hearing was much worse, and continued failing until at the end of about two years it had reached its present deplorable condition. Thirty-three months before applying to me (February, 1879), while visiting relatives in the Northwest,

she was, after a ride in the cold wind, seized with such intense dyspnoea and severe pain in the chest (mediastinal pleuro-pneumonitis?) that her physician remained by her side for four hours before he deemed it prudent to withdraw, having despaired of her recovery for three hours. Every inspiration seemed a gasp for life, and the pain was sharp as though daggers were being plunged into the chest. The abdomen and extremities were cold and numb. The recumbent position could not be maintained. For three hours she had to sit propped up in an arm-chair; and for three days thereafter she remained sitting upright in bed with supports to her back, breathing being absolutely impossible in a reclining posture. Confinement to bed continued two weeks. During the first week of illness, the voice remained natural in tone, but very faint. It gradually waned to a laryngeal whisper, as had been usual with her, for a time, after every illness. Hence the aphonia excited no alarm. It was probably but one expression of general muscular debility.

Several weeks elapsed before strength began to be regained. During this period, the loss of voice was attributed to general nervous exhaustion, and recovery was predicted as she should increase in vigor. Six more weeks passed with returning health, and still the voice continued to be a mere whisper. After careful examination of the throat at this time, the physician announced that the aphonia was probably irremediable, but suggested that my advice should be sought.

The patient returned to her home in Pennsylvania during the following June. Her own physician encouraged her with hopes of recovery of voice, and put her upon general tonic treatment. For months the voice showed little change. At times it would be an audible whisper; again, barely distinguishable. Every attempt at conversation induced weariness and muscular fatigue.

A second attack of thoracic pain and dyspnoea occurred about one year after the attack described. It was much less severe, but it left her with so weak a voice that she could barely make herself heard; and often she could not be understood.

She now consulted the gentleman who ultimately transferred her to my care. She remained under his immediate attention for five weeks, during which applications of electricity (induced current) were made daily to the exterior of the throat. The voice became stronger under these manipulations, but even then, it was but a low and feeble whisper. Efforts to speak were so exhausting that they were made under compulsion only. She was then advised to continue the elec-

tric treatment at home during the summer, and to visit Philadelphia when the weather became cool enough, for the purpose of consulting myself. Her sensitiveness in approaching strangers, due to her hardness of hearing and her difficulty in talking, long deterred her from acting on this advice.

Meanwhile, she did not continue the applications of electricity; and within two weeks from their cessation, her voice failed her utterly, and she could no longer be understood. This failure seems to have been the first manifestation of aphthiria.

At this time (August, 1880), the patient began the use of slate and pencil, which she had not been able to discontinue.

In October, the applications of electricity were resumed, and continued for many months, but without the slightest benefit to the voice. The lungs, however, seemed to improve in respiratory power and endurance under the electricity, and hemorrhages became much less frequent. Since her first attack of painful respiration, she could bear neither wind nor cold, and for the last two years, the throat had been more or less sore continuously—so sore at times as to prevent deglutition. For fifteen months it had been better under frequent treatment by sprays; and more comfortable for the last three months than at any other portion of the two years.

This history was not a very promising one for treatment, nor was the patient a favorable subject. Nevertheless, basing my opinion chiefly on the integrity of the gastric function, which had been fairly maintained, I gave a cheerful though guarded prognosis, and predicted return of both whisper and voice as the reward of persistent, while necessarily protracted treatment. I had the good fortune to secure the thorough confidence of my patient; and this was not withdrawn, though disappointments and relapses were frequent.

The plan adopted comprised the internal administration of sulphate of strychnine in gradually-increasing doses, and topical applications of currents of electricity daily to the paralyzed muscles of the larynx, to some of the voluntary muscles of respiration, to the orbicular muscles of articulation, and to the region traversed by the pneumogastric nerves in the neck—the strychnine being given in aqueous solution, one grain to the ounce, commencing with a dose of ten drops thrice a day for the first day, eleven drops for the second, twelve for the third, with continued daily increase of the same quantity until some indication of its

constitutional influence was manifested, when the dose was at once diminished to ten drops, with a daily increase of two drops, instead of one as before, and so on in permanent medication.

(To be continued.)

A CASE OF TETANUS, WITH STATISTICAL AND OTHER NOTES.

BY THOS. S. SOZINSKEY, M. D., PH. D.,
Of Philadelphia.

(Continued from page 484.)

It appears that tetanus very rarely manifests itself later than the twenty-first day after the reception of the wound. Usually, as in the case reported, it shows itself some time in the second week.

In Gross's, as in most authoritative works on surgery, it is stated that the "great majority of deaths [from tetanus] occur from the third to fifth day;" and it is further commonly held, that the more rapidly the disease develops the more likely is it to prove fatal, and *vice versa*. This is very similar to the dicta of Hippocrates, one of whose celebrated "Aphorisms" reads as follows: "Such persons as are seized with tetanus die within four days, or if they pass these they recover." Mr. Adams, the learned translator and commentator of the works of "the father of medicine," remarks: "No doubt this prognosis is generally applicable in hot climates." Death has been known to take place as soon as from four to five hours after the onset of the symptoms, and on the other hand, not until as late as the thirtieth day. Says Dr. Macnamara, a surgeon of large experience in India, where tetanus is common, and author of the excellent article on the disease in Quain's "Dictionary of Medicine": "In the greater number of instances, patients die of tetanus from the seventh to the eleventh day after the commencement of the disease. If they survive the twelfth day, the malady, as a rule, gradually subsides, and the patient may usually be pronounced cured in twenty-five days from the commencement of the attack, but he often suffers for many weeks subsequently from rigidity of the muscles which have been involved in the tetanic spasms."

Males are said to be more liable than females to become affected with tetanus. Of the 311 deaths from the disease recorded in Philadelphia during the ten years ending with 1881, there were 259 of males and 52 of females. Although these figures are very striking, it does not necessarily follow that males are more susceptible to the disease, or

succumb more readily to it, than females; for there is sufficient reason to believe that vastly more males than females sustain injuries which are apt to induce it. As bearing on this point, I may say that of the 166 cases of *trismus neonatorum* reported in Philadelphia during the ten years ending with 1881 there were 81 males and 85 females.

Mr. Poland says: "The influence of the seasons has no effect on the mortality in tetanus." It is generally held, however, that it is in the warmer part of the year, and in warm climates, that the disease is most common.

"In a person of nervous, irritable temperament," says Dr. Gross, "any injury, however trifling, may readily induce the affection, especially in hot and damp states of the atmosphere, or during sudden transitions from heat to cold."

On examining the bills of mortality of Philadelphia for a series of years, I find that on the average there are about the same number of deaths in the first quarter as in the second, and the same in the fourth as in each of these, while in the third there are more than in the two preceding ones. It is more than probable that there are far more lesions sustained which are liable to produce the disease in the third than in any of the other quarters. The celebration of the fourth of July is accountable for many deaths from the disease. Of the 67 deaths attributed to tetanus in Philadelphia during the year 1880—far the greatest mortality recorded from it in any one year in that city—a very large number could be traced directly to the numerous wounds received on the fourth of July. This obvious fact largely led to the passage and enforcement of ordinances prohibiting the use of pistols and fireworks of all kinds on that day.

It is said by Dr. Gross that "The tetanus of new-born infants is met with chiefly in the Southern and Southeastern States of America, in consequence apparently of injury sustained in the ligation of the umbilical cord." This statement is open to other besides literary criticism. As the figures given above show, cases are not rare in this city.

As to the period of life when tetanus is most common Mr. Poland states that of 449 cases there were, in persons under ten years, 29; in persons between ten and thirty, 261, or 60 per cent; in persons between thirty and fifty, 122; and in persons over fifty, 37. Of the 311 deaths from the disease in Philadelphia during the ten years ending with 1881 there were 10 of persons under five years; 17 of persons between five and ten; 109 of persons between ten and twenty; 43 of persons

between twenty and thirty; 42 of persons between thirty and forty; 22 of persons between forty and fifty; 14 of persons between fifty and sixty; 14 of persons between sixty and seventy; and 7 of persons between seventy and eighty.

Rather remarkable statements on the condition, as regards fever in tetanus, are made by both Poland and Gross. One says: "Febrile excitement is not essential, but if present is secondary;" and the other, "Fever is seldom present in traumatic tetanus, even when it has reached its height. These opinions are likely based on hand-observations.

A great source of anxiety in treating a case of tetanus is expressed by Dr. Gross as follows: "There are no reliable signs which serve to guide us in regard to the prognosis in the affection." On this important point Dr. Macnamara remarks that he "has for some time past relied much on the thermometer not only as a means of forming a prognosis, but as indicating to some extent the treatment to be followed in tetanus," and continues: "As a general rule in instances of tetanus, so long as the thermometer indicates that the temperature of the patient's body is under 101° Fahr., we may remain easy regarding the issue of the case. If the mercury rises in the instrument beyond 101° there is impending danger, and if it reaches 103° the case is one to cause us the greatest anxiety."

These are very practical remarks, and are highly interesting.

The essential nature of tetanus would appear to be yet a matter of mystery. No more is absolutely known about it than of the nature of epilepsy; and this disease is but little better understood by us than it was by the ancients, who, readier than we to confess their ignorance, in general attributed it to the gods, and regarded it as a sort of sacred disease (*morbus sacer*). But no doubt there is, as Hippocrates said of epilepsy, a real pathology of tetanus, whether we can fathom it or not. Tracing the symptoms to a local neuritis is a hardly tenable mode of explanation. It leaves idiopathic cases, so called, without explanation. Then, as Dr. Macnamara says, "it is the exception, rather than the rule, for the muscles in the neighborhood of the wounded part to be first involved in the disease, as they probably would be if it arose from a purely reflex action." The muscles first affected in the great majority of cases, are those about the face, and those of the extremities last.

"Whatever the pathology of the disease may be," says the author just quoted, "the morbid influence which produces it commences in the me-

dulla oblongata, and extends to the spinal cord." The septicæmia hypothesis, which has not a few adherents, especially among German surgeons, (Billroth, etc.), is perhaps more rational than the other. We know that the absorption of a particle of strychnia, placed under the skin, will certainly induce tetanic spasms; and hence it is clearly possible that the absorption of an obscure product of certain sores may be the essential cause of tetanus.

In the volume of "The Medical and Surgical History of the War of the Rebellion," already quoted from, it is said: "In the fully developed forms all remedial measures failed, and the cases ran on unchecked to a fatal termination." The heroic measure of "amputation was resorted to in twenty-nine instances after incipient tetanic symptoms." Ten of the cases resulted favorably, and in several instances it is noted that the symptoms ceased after the operation. If the twenty-nine cases were not specially promising, which likely they were, the result of the operation was decidedly good. "In several cases the removal of the missile or of foreign bodies, as pieces of bone, seems to have quieted the threatening symptoms." Removal of a piece of the nerve at the seat of lesion is considerably practiced, but with little or no demonstrable success. Altogether Dr. Macnamara expresses the general opinion when he says: "We know of no system of treatment which will cut short the progress of tetanus, and therefore the indication is to employ all our efforts to keep the sick person alive during the illness through which he is passing." The experimental practice so generally resorted to is hardly justifiable. Still there is a glimmer of hope that an effective remedy* may thus be discovered—a prospective boon to humanity. Not a word do I desire to utter against rational therapeutic experimentation; not an idea would I knowingly express "tending," to use the words of Bacon, "to the circumscription of man's power and to artificial despair;" I do not wish to assist in "killing in men," "the comfort of imagination," nor "the industry of trial;" but blind experimentation is irrational, and should not be encouraged. Experimentation which has been shown time and again to be futile, is entirely objectionable. The perennial raising of various points about remedial measures in tetanus, and indeed other diseases besides, reminds one of this passage in Goethe's

*There is good reason to hold that the remedy will not be such because of its narcotic properties. Inducing lethargy may be expedient, but experience has only too clearly shown that it does not serve in the least to cure.

"Maxims:" "*Umwissende werfen Fragen auf, welche von Wissenden vor tausend Jahren schon beantwortet sind;*" that is, "The ignorant raise questions which have been answered thousands of years ago by the wise." However, as it is, the tetanic patient can have almost no more done for him to-day than if he had lived ages ago. The medical attendant stands nearly powerless by his bedside. Really it may still be said of him as was said by Aretæus, "He can merely sympathize." And as the same writer truly adds, "This is the great misfortune of the physician."

HOSPITAL REPORTS.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,

BY WILLIAM GOODELL, M. D.,

Professor of Gynecology in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Carcinoma of the Abdominal Walls—The Influence of Worry and Nervous Shock on the Uterus and Its Functions—Epithelioma of the Cervix.

GENTLEMEN:—The first case that I shall bring before you is one in which there is said to be an abdominal tumor. I have not yet seen the patient. Before she is brought in, let me say a word about these tumor cases. Yesterday a lady who had been examined by two physicians, was sent from a long distance to the hospital to have ovariectomy performed. There being no room in the hospital, I had her brought to my office for examination. She came this morning. I found not a vestige of a tumor. Looking at the abdomen, there appeared to be a tumor, but it was nothing but wind and fat. By catching up a fold of the abdominal wall between the fingers, you can always avoid being misled by an excess of fat. This patient also had milk in the breasts. This might have led to the supposition that the woman was pregnant. This is a common blunder. When a woman who has reached the age of forty-four or forty-five finds that her menses have stopped and the abdomen is beginning to enlarge, and if at the same time milk appears in the breasts, she is very apt to think that she is pregnant. Her physician will take her word for it, as she may have had several children, and he thinks that she ought to know. Time passes on, but no child is born, and an examination reveals that there is nothing but wind and fat. The presence of milk in the breasts in the case which I have described to you is extraordinary. It is difficult to account for this except by the close relation which exists between the brain and body—between mind and matter.

In the patient before us to-day I fancy there is no phantom tumor. Her age is sixty-three years. Four years ago she had a fall, and shortly after-

wards a tumor appeared in the middle line below the umbilicus, and two months ago it suddenly moved around to the left side. A glance at the abdomen shows that this case does not belong to my department. Here you see a tumor as large as a small orange, and the question arises, what is it? There is another tumor on the right side. If the patient were young, I should attribute it to specific disease; in other words, I should consider it to be a specific abscess, for it is exactly in the position of a bubo. I ask her to cough, because it might possibly be a hernia. No impulse is transmitted to the hand. Pressing on the abdomen in the median line below the umbilicus, I find another tumor. This patient was examined by two excellent physicians, who sent her to me as a case of abdominal tumor. There is evidently glandular enlargement, and my impression is that it is due to carcinoma. An abscess would not have lasted four years. Specific disease might run that long.

There is said to be an offensive discharge from the vagina, but I shall not make a digital examination, for I feel satisfied that we have here a malignant disease, and as I am going to perform an oophorectomy immediately after the lecture, I do not wish to have my fingers in any offensive discharges.

The best thing to do in this instance is, I think, to watch the case and give some placebo. Her tongue is heavily coated. I shall, therefore, order the following:

R. Hydrarg. chloridi mitis, gr. ij.
Sodii bicarb., gr. xxx.

Misce et ft pulv., No. vi.

Sig. Begin to-morrow morning and take one every two hours.

If this does not act on the bowels, she will take to-morrow evening a dose of magnesia. I tell her to take these powders dry on the tongue and wash them down with a little water. I do this because if she mixed them with water in a spoon, the heavy part of the powder would sink to the bottom and she will fail to get the full dose of it. I shall also order:

R. Liquor potassii arsenitis, ʒiv.

Sig. Three drops after each meal.

I order a small quantity in order to avoid accidents. She will report in one week, and I shall then have her examined by one of the surgeons.

The Influence of Worry and Nervous Shock on the Uterus and its Functions.

This lady is 37 years old. She has had four children, the youngest of which is nine years old. Her trouble began twelve years ago, but has been worse since the birth of her last child. She complains of pain in the back and head, fluttering of the heart, cold hands and feet, irritable bladder, wakefulness, and when she does sleep has bad dreams, which wake her in a fright.

What is the meaning of these symptoms? They are nervous symptoms. We must decide whether they are due to a local or constitutional disease with a constitutional expression, or whether to a pure nervous trouble. In the first place, I ask her whether she has had any trouble in her family. She tells me that she has had no trouble; she has had a happy home and no cause of worry.

I have a patient who often comes to see me, complaining with these nervous symptoms, and I have repeatedly told her that she must have had some cause of worry or of nervous shock, but she has always denied any such cause until a day or two ago, when she said that possibly a passage in her history might explain the trouble. She said that her father had softening of the brain and became insane, but the insanity was of a passive type. He had never done any one harm until one day when she entered his room, he made a spring at her, and she saw from his expression that he was going to do her harm. She seized some heavy article exclaiming, "Father, if you come near me I shall throw this at you," and looking him steadily in the eye, he quailed. In order to get out of the door, she had to turn her back towards him, and the instant she did this, he sprang and caught her and tried to bite and injure her. She shrieked for assistance, which fortunately was at hand. This fright made such an impression upon the nerve centres that from that time she was never well. This was the foundation of her troubles, although she thought that it had nothing to do with them.

I have had a patient under my care for seven months, suffering from menorrhagia and these nervous symptoms, in whom the trouble was caused by the throwing of a dead cat into her lap. You may ask, how can a dead cat produce menorrhagia? or, in other words, how can a fright produce menorrhagia? It does it in this way. It produces a profound impression upon the nerve-centres, and there is no longer that correlation of nerve-power which exists in health. The nerves behave as they please. There is irregular distribution of nerve-fluid; this leads to irregular distribution of blood; more blood goes to one organ than to another. The most exacting organs during the woman's menstrual life are the womb and its annexes, the ovary, the vagina, the erectile tissue around the womb, the broad ligaments, and the fallopian tube. They receive more blood than they should. There is increased nutritive action, vegetations develop, and the womb increases in size. In the lady of whom I have spoken, I was unable to cure the menorrhagia. I used the curette and could control the hemorrhage for a time, but it would always return, and ultimately I removed both ovaries. These organs were found to have undergone follicular degeneration.

I shall now make a vaginal examination. I examined her once before, but did not think that any operation was required. There has been a laceration of the cervix and of the perineum, but these lesions do not usually produce such severe symptoms. She has worn a pessary, but it always caused pain. I must honestly say that I dislike to subject this woman to an operation, when I am by no means positive that it will do her good, but I shall do something which I think will modify and tone up the condition of the womb. The sound gives a measurement of 3 inches. There is no ectropion of the mucous lining of the cervical canal, and that is one reason why I think an operation is not indicated. To-day I shall curette the womb.

Is there any danger in the use of the dull curette? This is an important question, for you will frequently do the operation in your office. I have

never lost a patient from the use of the curette, but I have occasionally had some inflammatory disturbance.

There has been a little bleeding following the passage of the sound. I shall first introduce the blunt curette. I remove several vegetations. A few of these are quite large. These little fungous growths are entirely benign. I have often told you how unreliable the microscopical examination of uterine growths is. The best microscopists have told me that certain growths were epithelioma, when the subsequent course of the case has proven that the disease was perfectly benign. I lately came across a passage in the works of a German writer in which he says that it is one of the most difficult things to decide between benign and malignant growths of the womb by the microscope. The alveoli of innocent growths simulate very closely cylindrical epithelioma. I think that this is the reason that microscopists have been misled.

Having removed so many of these vegetations, I shall go over the endometrium with the sharp curette. This is an instrument I do not advise you to use at first, for your fingers are all thumbs, and you cannot manipulate with the delicacy that is necessary in employing this instrument. I first dilate the canal with Ellinger's dilator, in order that the instrument may readily enter, and then, taking it as I would a pen, I gently pass it into the cavity of the womb. I can hear and feel the curette passing over the rough vegetations. The lining of the womb should be perfectly smooth. Having removed all the vegetations, I shall make an application of strong tincture of iodine to the fundus. She will then be put to bed, and if necessary receive an opium suppository.

What shall we give this patient internally? If she were rich enough, I should put her to bed, have her well rubbed, and electricity applied. She cannot do this. The next best thing is to give some remedy to tone down these nerve centres which are not behaving themselves. I should like to give her the valerianate of zinc and quinia, which, take it all in all, is the best combination which we can give. I shall order a triple valerianate as follows:

R. Zinci valerianatis,
Quiniae valerianatis,
Ferri valerianatis, āā gr. xx.
M. et ft pil., No. xx.
Sig. One three times a day.

After a time, I shall give strychnia in small doses, gradually increased. She would, I think, be benefited by the use of malt. Keasbey and Mattison make a good preparation. Of this, she will take a tablespoonful three times a day in milk. It is a good plan to take one dose of the malt at bed-time. This favors sleep. (The patient was now removed.)

I tell you frankly that I do not believe her statement that she has had no trouble; I believe that she has some cause of worry which has aggravated this, for there is not sufficient local trouble to account for the constitutional symptoms.

To illustrate this, let me refer to a case which I saw the other day. A young girl was sent to me with the history of dysmenorrhœa, and all the

train of nervous symptoms which the patient bore before you to-day exhibited. I examined her and, as a matter of course, found antelexion, but the sound passed readily. The dysmenorrhœa had developed within a few months. I asked her if she had studied hard at school. She said that she had, and had been compelled to leave school. She stated that she had no cause of worry. After she had left the room, the lady who came with her told me that the girl's father, although a good man, was an intemperate one, and that his intemperate habits worried the girl very much. In the great majority of such cases a cause for worryment will be found.

Epithelioma of the Cervix.

I wish you to listen carefully to the history of this patient as she gives it to me: She is thirty-three years old, and has three living children and two miscarriages—one at six months and one at three months. Two of the children were born after the last miscarriage. She says that the miscarriages were honest ones. For the past two years there has been an offensive discharge mixed with blood. The monthlies are not more abundant than usual, but there is a hemorrhage between the periods. The marital relations are painful. They are painful because something is hit that is sore.

This case is not as typical as I thought it would be; but when a woman who has borne children begins to have a discharge tinged with blood, making its appearance between the monthlies, in nine cases out of ten it means carcinoma. Suppose, however, that a woman who has not borne a child begins to have these symptoms; they then do not indicate carcinoma. There are exceptions to this rule, but in the majority of cases it is true. In such a case the symptoms indicate a fibroid tumor, a polypus, or, perhaps, ulceration of the cervix, but not carcinoma. In the great majority of cases carcinoma is situated in the neck of the womb and starts at the seat of an old laceration. A woman who has not borne children of course has no laceration of the cervix.

Introducing my finger I at once come upon a growth which is projecting. While the anterior lip of the womb has been eaten away, there is still a projection. I did not intend to examine this woman, but I introduced my finger before I thought. I shall thoroughly wash my hand, and use turpentine to disinfect it.

There is no doubt as to the diagnosis. We can do a great deal of good by removing as much as possible of the diseased structures. I wish you to pay attention to what I tell this patient. "You have a bad condition of the neck of the womb. This ulceration is very difficult to remove, but by removing it we can sometimes cure it wholly, and in the great majority of cases, do a great deal of good. I want you to come to the hospital, and I will operate on you next Wednesday." (The patient was now removed.)

I wanted you to listen, for I know nothing harder to do than to tell a woman that she has a cancer. I never tell a woman that she has a cancer unless she asks me, and then I do not like to tell her. Many patients will say, "Doctor, if it is cancer, do not tell me." I told this woman the truth, but I did not tell her the whole truth. If she had asked me, "Is it a cancer?" I should

have said, "Yes. It belongs to the cancer kind. It is of that family, but it is not so bad as the cancer which comes in the breast. This is what we call epithelioma." Like the cuttle-fish which, when pursued, squirts ink in the face of its pursuer and escapes in the darkness, so I escape under cover of a big word.

When told that they have cancer, women will sometimes give up, and so go right down hill and die. I was once called by a physician to see a plucky little woman, whom he thought had a cancer. She wanted to know exactly what it was, and I had to tell her. I met the physician some time afterwards, and he said to me: "Doctor, we should not have told her what the disease was, for after you informed her that it was a cancer, she never left her bed." She had gone to bed simply for the examination.

You may give the disease any hard name you choose, and it deserves a hard name, but do not call it cancer. It is a great comfort to the woman to know that it is an epithelioma. Of all the varieties of cancer, this is the most amenable to treatment. When I told her that we might cure her, I told her the truth. I have unexpectedly cured several cases, that is, if the non-recurrence of the disease after a lapse of five or six years means a cure.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Pleurisy.

GENTLEMEN: This patient is the boy whom you saw last week with a pleurisy, and an extensive effusion into the left pleural cavity. (See *REPORTER*, p. 486, vol. xlix.) Since then he has received treatment by external applications of iodine, and by the internal administration of what is sometimes called the diuretic mixture. This is a combination of squill, digitalis, and acetate of potash. Under the influence of this, the quantity of urine passed a day ran up from forty to sixty ounces, and then up to one hundred and thirty-two ounces, and from that it fell off to eighty-six ounces, then to seventy-four, and yesterday it had diminished to sixty-seven ounces, which is still a very considerable increase over the normal amount. Now, you would expect that under this diuretic treatment there should have been a very marked change in the amount of the exudation, from an absorption of the fluid. And no doubt we shall find this to be the case when we make the physical examination of the chest. There has been no material change in the fever, pulse, or respirations. There has been a moderate continuous fever throughout, and the pulse has not been slow. The temperature has averaged 102.4° in the evening, and 100° and a fraction in the morning. There has been very little pain, cough, or dyspnea.

Inspection.—There is still a marked increase in the expansive movement on the right side as compared with the left. But, nevertheless, there is a certain amount of expansive movement on the left side.

Auscultation.—Posteriorly, above the inferior angle of the scapula, I now get tolerably natural

vocal sounds, and with forcible inspiration there is a restoration of the normal respiratory function. Ægophony may still be obtained just below the scapula. In front, last week, I could get no respiratory murmur, but now I get a very good one under the clavicle, and as low down as the fourth rib.

Percussion.—The upper line of dullness is a little lower than it was last week, and it varies with change of position.

It is evident from the examination that there has been some absorption of the fluid since you were here last, and I think there has really been more than there appears to have been from the physical signs. For I think that the layer of fluid which is between the lung and the costal wall is thinner than it was, and it will continue to go on diminishing in thickness. There is no longer any bronchophony and bronchial respiration, and below the level of the fluid there is a general absence of all sounds. I suppose the heart is still displaced, but this is difficult to ascertain without spending a good deal of time. The apex, however, is plainly not in its natural place.

I now wish to show you the method of application of an instrument called the stethometer, or chest measurer, which consists of two strips of flexible pipe, made of an alloy of zinc and lead, enclosed in rubber tubing, and jointed behind in the middle. The point of junction should be placed on the back of the chest just over the spinous processes, and then the two free ends are to be brought around and united in front. If closely fitted, this measures the size and shape of the chest, and indicates any variation in form on the two sides. After removing the instrument, it should be placed upon a sheet of white paper, and an outline of it made with a pencil. It should thus be applied around the chest on the line of the nipple, and at two or three other points above and below this line; and diagrams should thus be made each day, and this will show the progress of the exudation in the chest from day to day. The diagram of this chest, which the doctor has just made, shows that it is tolerably symmetrical, but there is a little bulging on the antero-lateral portion of the left as compared with the right side. But on the whole it is more symmetrical than you would expect, considering the amount of the exudation. After some time we may get still more change from the formation of adhesions in the pleural cavity, which by contracting will draw in the chest wall on that side.

I have said that this patient has had but little dyspnea since he came in. Now, the difference in different patients in respect to this symptom is very striking; and, as a rule, the amount of suffering from dyspnea is in no respect in proportion to the amount of fluid in the chest. Last week this man seemed to be thrown upon the resources of one lung for breathing, and you would have expected great dyspnea as a consequence. But when in the recumbent posture, and with his shoulders elevated, he did not seem to suffer either from subjective or objective dyspnea. His respirations have averaged only from twenty-four to thirty a minute since his admission. Sometimes when there is not more than half this amount of fluid the patient will suffer greatly from dyspnea, and in other cases, where there is a large amount

of exudation, it will cause but little or none. Why there is this difference in different individuals. it is not easy to explain.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on the Relation of the Medical Profession to the General Use of Alcoholic Liquors.

(Continued from page 490.)

The President stated that the points presented for discussion were:

1. That the use of alcohol in any form and in any amount by persons in ordinary health is deleterious.
2. That the medical profession, by its lax attitude on this question, is responsible for much of the prevailing abuse of alcoholic liquors.
3. That if alcohol is to be used at all, it should be given as such, and the prescription should be made non-renewable, as with other powerful medicines.

Dr. J. T. Eskridge, in opening the discussion by request of the President, said: "I like the practical and novel way in which the subject has been treated. It will attract attention, and, I hope, serve to make the members of this Society, and of the medical profession in general, consider their own responsibility for the abuse of alcohol.

"One of the conclusions at which the writer of the paper has arrived, is 'that the use of alcohol in any form and in any quantity by persons in ordinary health is deleterious.' This is a broad and sweeping statement, and, while in the main it is correct, circumstances may arise when alcohol may be administered to persons in health with benefit.

"Dr. Percy's experiments showed that the free use of alcohol tends to prevent the solidifiability of fibrin, and thus renders wounds difficult to heal; and those of Vierordt and Prout, that less carbonic acid is given off in the exhalations by the breath under similar conditions. Bouchardat first pointed out that alcohol darkens arterial blood. These results were obtained by experimenting upon subjects whose stomachs had been overcharged with alcohol, or into whose veins the spirit had been directly injected. They show the poisonous effects of alcohol, and reasoning from these, it by no means follows that the administration of small quantities well diluted is injurious to health. But observations are not wanting to prove the evil effects of alcohol on healthy persons when taken in small quantities for a considerable length of time.

"Prof. W. B. Carpenter, a strong advocate of temperance, in his admirable prize essay on the 'Use of Alcoholic Liquors in Health and Disease,' after describing the baneful effects of alcohol on mind and body, when taken in small quantities several times daily for a length of time, frankly admits that its temporary administration to persons in health, on certain extraordinary occasions, is attended with decided benefit. Prof. Miller, of Glasgow, in an excellent review of the subject, entitled 'Alcohol: Its Place and

Power,' arrives at conclusions almost identical with those reached by Prof. Carpenter.

"I am satisfied that persons in health, under ordinary circumstances, do not need an alcoholic stimulus, and that if its administration is attended by no good results, evil only follows the use of alcohol at such times; but on the other hand, I am convinced that circumstances do arise when, if alcohol is properly administered to persons in health, its good effects far outweigh its evil; and that there are conditions, short of what we are accustomed to call disease, which are improved by the temporary and judicious employment of alcohol.

"Bodily and mental labor that cannot be endured without resorting to artificial stimulants had better be left off; but times come in the history of many persons, when they are not their own taskmasters. A great deal may depend upon a few hours' work. Tea and coffee may not be sufficient stimuli, and a little alcohol taken at these times will allow an extra strain being made upon the system. The use of alcohol must not be often repeated for the purpose of increasing the power of endurance. It must be remembered that a stimulus in these cases acts the part of the spur to the tired horse. It probably does not directly add force to the individual, but it enables him to call more upon his latent powers, and, of course, the exhaustion which follows is all the more profound by the reason of the extra strain upon the vital forces, made possible by the use of alcohol.

"Again, the appetites of some persons have been rendered capricious by the process of codding, and those of others lessened, and the power of digestion weakened by worry and over-mental exertion, so that the simplest articles of food cannot be digested properly. To such the administration of a little wine, with a bitter tonic, before meals, for a week or two, and subsequently a bitter tonic given before meals, and wine during or immediately after the ingestion of food, is followed by admirable results. In all these cases the use of alcohol must be cautious and temporary, and not allowed to be continued longer than is absolutely necessary. I agree with the statement made by the reader of the paper to-night, that below sixty years of age a person is generally not benefited by the use of alcohol in health. I know, indeed, of a case in which it did not become necessary to resort to it before the ninetieth year.

"In regard to the use of alcohol in phthisis, to which a casual reference has been made, I have very strong convictions of its value when properly employed. In this disease, when pulse is rapid and temperature considerably elevated, alcohol is contra-indicated; but in the more chronic cases, when respiration is difficult and pulse and temperature nearly normal, its beneficial effects in prolonging life are evident to every one who has given it a fair trial. Prof. Flint speaks in the highest terms of alcohol in phthisis.

"As a preventive of phthisis, alcoholic stimuli have their place and power. It is well known that in the same family, several children, whose parents have suffered from phthisis, may die from this disease at about the same age. For these persons, if alcohol is occasionally employed judiciously, whenever vital force falls below its normal in them, I have no doubt that in many instances the fatal disease might be prevented.

"To the second proposition I may say that I do not know of any case in which the use of alcohol in disease, under direction of a physician, gave rise to drunkenness. Some time ago Dr. Hamilton, in a discussion before this society, mentioned a case in which a patient became a drunkard in consequence of the use of alcohol in typhoid fever, but it appeared on further inquiry that the man was a habitual drinker before the disease occurred. Lax prescribing, however, may easily become a serious error. It is important that if alcohol is ordered, the quantity, form, and time of taking should be indicated. It should be taken only at meals. This periodic and formal use of it will make the patient willing to stop when required. I admit that if we consider that alcohol is injurious in health, we must regard its use in social gatherings, and especially in those composed of medical men, as wrong.

"In reference to the last point, I cannot speak from experience. If the adulteration is as extensive as pointed out in the paper, then the author's view, that alcohol should be used as mentioned, is correct. I, however, doubt that we can make, extemporaneously, mixtures which will take the place of natural liquors."

Dr. Mills said: "I would not wish to be regarded as an advocate of anything else but temperance in the best use of the word, but the question of the influence of the moderate use of alcohol upon intellectuality and the longevity of intellectual workers, is one of considerable interest, from what might be termed a biographical point of view. During the International Medical Congress of 1876, one of the English delegates expressed the opinion, in words which I do not exactly recall, that the intellectual productions of men who did not use alcohol at all were not of a character to indicate the value of abstinence. Many distinguished men who have lived to a comparatively advanced age—the English Lord Chancellors, German thinkers, and well-known American statesmen, for instance—used alcohol in moderation throughout their lives. I simply introduce this point for discussion. About the evils of the abuse of alcohol no doubt can exist."

Dr. Wood: "I consider the first proposition advanced by the author of the paper to be untrue; it is entirely too sweeping. To say alcohol is deleterious in any form and in any quantity in health, is to say that one would be injured by simply smelling a bottle of whisky. I am fully convinced that we do not need alcohol in health, but indulgence in it moderately, on occasions, is probably no more hurtful than over-eating. I have seen, at social gatherings, total abstainers, who, while standing apart from the general company and congratulating themselves upon their superior virtue in not indulging in stimulants, gorge themselves beyond repletion with the food set before them, much to their stomachs' distress.

"The moral question involved is the old one of use and abuse—whether I must forego the use of a thing because some one else abuses it.

"Are we to abstain from a certain amount of pleasurable indulgence because of the example which that indulgence offers to others? I do not believe in attempting to force total abstinence, because I do not believe that the movement will accomplish the desired result. Not long ago I was

traveling in Kansas, and I met a prominent prohibitionist, a member of the Central Committee of the State, whom I questioned about the success of the prohibition movement, asking, *inter alia*, if they had destroyed the grape industry, as the law directed, in the wine-making districts. He replied that they did not expect to do this in those places. Here was an admission of the weakness of the cause, for where the manufacture and use of wine were now most active was the least hope of abolishing it. In the same car was a traveling salesman on the verge of delirium tremens, and I asked him as to the effect of the liquor laws in Kansas. He replied: "I can get a drink of whisky anywhere in Kansas for fifteen cents." The Scandinavian method of dealing with the temperance question seems to me more practicable. In Sweden and Norway the country is divided into districts, in each one of which only one tavern is allowed. The licenses are sold at public auction. The temperance people have combined and bought up the licenses. They are obliged to open the tavern, but they can adopt such regulations as will prevent the excessive use of alcohol by those who frequent the place, and also employ all moral means to persuade men not to drink at all. I do not think that the adulterations of liquor are as harmful as has been stated by the lecturer. Liquors and wine are artificial products always.

"I think that good liquors can be easily obtained. I do not agree with the proposition that medical men are responsible for the habit of drinking to excess; on the contrary, the example and teaching of the medical profession have done much to diminish the evils of intemperance."

Dr. O'Hara: "In reference to the remarks of the last speaker, let me read the following from Richardson, 'Induced Diseases of Modern Life,' page 232: 'Speaking honestly, I cannot, by any arguments yet presented to me, admit the alcohols by any sign that should distinguish them from other chemical substances of the paralyzing narcotic class.'

"If this view be correct, we can have no doubt that alcohol is injurious in health, and that it does not serve as food. We are too much under the ideas of Liebig in this matter. For my part I cannot see that the total abstinence movement is a failure, or that the views advanced in the paper are erroneous. They are the views which have been advocated by high authority, in the International Medical Congress in 1875, and other scientific bodies, for instance. The medical profession may be responsible indirectly for much of the excessive drinking, through the idea scattered, but now passing away, that it was food.

"I have myself learned by experience the evils of too much confidence in alcohol, when I thought it was food, and now watch it closely as a medicine. As to the cases narrated by Dr. Eskridge, they cannot be regarded as cases of healthy persons, and the use of alcohol in treatment of them is a question of therapeutics, not of hygiene.

"Medical men may certainly accomplish a good deal by the teaching influence of example.

"I recall an instance in which brandy was used for dyspepsia; the patient, it is true, got rid of the dyspepsia, but he complained frequently until the day of his death, which was superinduced

by liquor, that he made a bad swap, and would rather have held on to his dyspepsia.

"The conclusions of Dr. Hunt's paper were adopted by the International Medical Congress, 1876, and ordered to be transmitted to the National Temperance Society, the Women's National Christian Temperance Union, and the Friends' Temperance Union of New York. They were:

"1. Alcohol is not shown to have a definite food value by any of the methods of chemical analysis or physiological investigation.

"2. Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution.

"3. As a medicine, it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration, or for the enormous evils arising therefrom.

"4. The purity of alcoholic liquors is, in general, not as well assured as that of articles used for medicines should be. The various mixtures when used as medicines should have a definite and known composition, and should not be interchanged promiscuously."

Dr. Tyson: This question is one very difficult to discuss; both parties are apt to go to extremes. Dr. O'Hara's remarks are a case in point, for the injurious effects to which he alludes are the effects of the use of alcohol in excess, and not in moderation. It must have been the experience of all practicing physicians to see many cases which are benefited by the moderate use of alcohol, especially at meals, while in many aged persons its use is very appropriate, and even necessary. I am not prepared to deny altogether the correctness of the second proposition offered in the paper. I think there may be some ground for it, yet I do not know a single case in which the recommendation of the use of alcohol in disease has resulted in establishing a habit of drinking. I recall a case in which a gentleman was advised by a non-medical friend to use whisky for dyspepsia. It was tried, and finding good results from it he continued using it in small amounts daily; the use

was kept up until one day the patient found the bottle empty. He missed his usual dose so greatly that he was forced to realize that he had been drinking, and never used the liquor again. It may be laid down as a rule that it is not safe for physicians to advise the regular use of alcohol for dyspepsia; it may lead to a habitual use of stimulants. As to the third point, I think that in view of the fact that it is still possible to get pure wines, especially if we are satisfied with domestic wines, the flavor and other properties which made them more acceptable to the patient, justified their continued use; but I for one am willing to try the effect of pure alcohol properly diluted in cases where alcohol only is indicated.

Dr. Hamilton: Moderate drinking, it must be remembered, is very often the road to immoderate drinking; and therefore the physician, whose influence in this connection is paramount, should sedulously avoid the too frequent and too liberal use of liquor, especially in young subjects. In the low forms of fever, or in chronic, wasting disease, such, for instance, as pulmonary consumption, to which allusion has been made, it is often of great advantage, and in the latter disease, where expectation is profuse, but unaccompanied with much fever or difficulty in breathing, it may prolong life for an indefinite period. The custom of drinking in the wealthy and fashionable circles may still be said to prevail with tyrannic power, and in ordinary social reunions the same practice is common. The influence of wealth and fashion is dominant, and until some amelioration in this connection is manifest, no general temperance reformation need be looked for in the people at large.

The allusion to the adulteration of wines and stronger liquors was deservedly made, but it occurs, doubtless, much more frequently in regard to the finer and more costly than to the cheaper liquors, and the perfection to which this adulteration has attained is simply notorious.

(To be continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Fracture of the Larynx.

The *London Med. Record*, October 15, 1883, tells us that Dr. W. Wagner, of Königshütte, in a contribution to the *Centr. bl. für Chir.*, No. 23, 1883, points out that fracture of the larynx is very rarely met with, and that not even the most experienced surgeons are in a position to derive from personal experience fixed rules for treating this injury. Most observers, however, agree that in such cases the first indication is the performing of tracheotomy, in order to prevent suffocation. Occasionally, where there is much displacement of the fragments, it is advisable to perform thyre-

otomy. A case is reported of multiple fracture of the larynx, which led the author to consider the subject of the treatment of this injury, and convinced him that further therapeutic measures were necessary beyond opening the trachea. The subject of this case was a robust and very powerful man, whose neck had been forcibly squeezed in a fight. He remained unconscious for about half an hour, and on recovering himself found that his breathing was very bad. On the following day, when the patient first came under the notice of Dr. Wagner, there was extreme dyspnea; and, with coughing, much blood, partly fluid, partly coagulated, was brought up. The face, neck, and surface of the thorax were distended through emphysema. There was found to be free

abnormal mobility of the left wing of the thyroid cartilage; and during the prompt performance of superior tracheotomy the cricoid was found to be also fractured, and partly torn away from the upper ring of the trachea. The patient did well up to the third day after the date of operation, when signs were presented of hypostatic pneumonia on the left side, and there was a complaint of acute pain beneath the sternum. On the evening of the fourth day, there was free bleeding from the wound in the trachea, and on the following day the patient died. On *post mortem* examination, there was found to have been mediastinal emphysema and suppurative mediastinitis. The lungs, with the exception of the lower lobe on the right side, appeared quite healthy. Dr. Wagner thinks now that in any similar case of laryngeal injury thyroectomy would be indicated, not so much for the purpose of replacing any fragments of cartilage, as for rendering the seat of fracture antiseptic and for maintaining for a time this antiseptic condition. In a recent case of this kind he would, after having plugged the trachea, incise the larynx in the middle line, and then separate the two wings of the thyroid cartilage so as to be able to see the whole of the interior of the larynx and to apply some antiseptic fluid. He would then plug the interior of the larynx with small pieces of iodoform gauze. The wound would thus be rendered antiseptic, the fragments of broken cartilage be kept at rest, and the risk of hemorrhage be diminished. If there be no longer any danger of infection, a late thyroectomy, it is held, is still justifiable if performed with the view of putting displaced fragments of cartilage in a better position, and, if the thyroid cartilage be fractured, of uniting the alæ by silver suture. If the fragments of the thyroid cartilage cannot be thus united, or if stenosis cannot be prevented, Dr. Wagner would advocate extirpation of the partially detached portion of thyroid cartilage, and even removal of half the larynx. In a case reported by Billroth in which this partial operation had been performed, a good voice was retained, and, at all events, the patient is thus placed in a better position than that of having to go through life with a completely useless and much obstructed larynx.

Resection of the Wrist for Disease.

In the *London Med. Record*, October 15, 1883, we note the following:

In a contribution to the May number of the *Revue de Chirurgie*, Dr. G. Nepveu, of Paris, gives an analysis of sixty collected cases of pathological resection of the wrist. Of these, six cases, which are published at length, occurred in the hospital practice of M. Verneuil. In seventeen of the cases, the operation had been performed by Esmarch. In twenty-eight only of the sixty cases does the resection seem to have been total. Dr. Nepveu's list, however, is evidently a very incomplete one, and no reference is made to Lister's published cases. Dr. Nepveu's views as to the operation are expressed in the following conclusions:

1. Carpal, radio-carpal, and carpo-metacarpal resections for disease are not very serious operations with regard to life, especially when they are performed antiseptically.

2. They are sometimes followed with good results, with regard to removal of the local disease and preservation of an useful limb.

3. Perfect results, however, are very rare, and have been observed in barely one-fourth of the number of cases. The most frequent result is an incomplete cure, and very imperfect restoration of the function of the extremity.

4. More serious terminations are just as frequent. Sometimes the operation itself is directly or indirectly fatal; at other times it does not arrest the course of the disease, and amputation through the forearm becomes necessary. Again, notwithstanding a good local result, the patient succumbs sooner or later to pulmonary tuberculosis.

5. With regard to a definite and complete curative result, resection of the wrist is not a promising operation.

6. This failing of the operation is due in part to the fact that it has been frequently practiced under very unfavorable conditions. It is contraindicated in cases of osteo-arthritis, and particularly of articular and tendinous synovitis with tubercular deposits, which should be treated promptly by amputation. Resection, probably, should be rejected in the treatment of disease of the wrist in old people and in phthisical subjects, and should be practiced but exceptionally in cachectic scrofulous patients.

7. To improve the functional results, it is necessary to diminish the extent of the operative procedure, to extract as little bone as possible, and to preserve as much as one can of the dorsal and plantar layers of ligamentous and periosteal structures.

8. Above all, it is necessary not to operate until all the resources of conservative therapeutics have been exhausted. Rest, compression, blistering, drainage, prolonged antiseptic baths, have given excellent results in cases where the constitutional condition was so serious as to forbid any operative interference.

The results of this combined treatment compare not unfavorably with those of resection, even in cases where operative interference seemed justifiable. Dr. Nepveu does not discuss the subject of traumatic resection of the wrist, as he cannot imagine how this operation is ever likely to be thought necessary.

Advice to Sexual Hypochondriacs.

Dr. Fred. W. Lowndes thus concludes a paper on this subject in the *Brit. Med. Jour.*, September 22, 1883:

In conclusion, there is a still more delicate matter—one which I approach with much hesitation, but which, as it often comes to our notice, had better be boldly met. I allude to the circumstance that some of these sexual hypochondriacs, being anxious to set at rest their doubts as to sexual disability, propose resorting to illicit sexual intercourse, and endeavor to obtain our sanction to such a proceeding. There can only be one proper answer to such a question; and I should not have alluded to this had I not known for certain that some of our brethren have been unwise enough to sanction, and even recommend, such a proceeding. Now I do not see that special practice in venereal diseases requires a lower standard

of moral rectitude or professional honor; and to such of our patients as are open to such an argument, we may quote the excellent words of Sir James Paget, who, in a lecture on this very subject, says: "Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft, or lying, or anything else that God has forbidden. If men will practice fornication or uncleanness, it must be of their own choice, and on their own responsibility. We are not to advise that which is morally wrong, even if we have some reason to think a patient's health would be better for the wrong-doing. But, in the cases before us—and I can imagine none in which I should think differently—there is not ground enough for so much as raising a question about wrong-doing. Chastity does no harm to mind or body; discipline is excellent; marriage can be safely waited for; and, among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say that he was better or happier for it; several have said they were worse, and many I know have been made worse." But it may be urged, to many of our patients, such a line of argument would be little short of mockery. This is unhappily too true; but I think that, without descending a step from the same moral altitude, we have other cogent arguments. We might urge on our patient that it would hardly be "janak" (to use a Lancashire phrase) to recommend a course which might bring our patient back to us suffering from something infinitely worse than sexual disability, even assuming the latter to be real, and not fanciful. We might also urge that, to sanction such proceeding might involve many awkward questions, not the least of which would be as to how often the prescription was to be repeated. I forbear to say more, and would only add, as a last word, that we are not justified in saying in the quiet of our consulting-rooms what we should not venture to say before an assembly of our professional brethren.

On Certain Abscesses of the Neck which may Cause Sudden Death, and How to Treat Them with Success.

Dr. John A. Lidell, in a very instructive article on this subject in the number of *The American Journal of the Medical Sciences* for October, 1883, points out that sudden death may occur from deep-seated abscesses of the neck, or the continuance of life may be greatly endangered, much oftener than is generally supposed, and that these abscesses in the neck are more frequently attended with hemorrhages due to the opening of important blood-vessels by ulceration or erosion, and by *ramollissement* consequent upon the disorders themselves, than abscesses in the other surgical regions. The superior liability of cervical abscesses to the spontaneous occurrence of dangerous hemorrhages arises in part from the greater number and importance of the cervical blood-vessels; but more particularly from the inanition and exhaustion, or low state of the constitutional powers, and consequent feebleness of the reparative forces, which rapidly result from most of the deep abscesses of the neck, or rather from the inability

to swallow enough food to support life, and from the powerlessness to get any refreshing sleep, or even repose, with which these abscesses are oftentimes attended. The septic or toxæmic influence of the fœtid secretions and exudations which present themselves in the oral and faucial cavities in many instances, also aids materially to still further depress the patient, and weaken the reparative processes of his system. These deep-seated abscesses of the neck, when allowed to run their own course, do not exhibit any tendency to a spontaneous cure; but, on the contrary, they always tend to destroy life by burrowing or spreading, etc.; and Dr. Lidell shows that the earlier they are laid open and evacuated the better for both patient and surgeon.

As soon as fluctuation is discerned, the abscess-cavity should, without delay, be freely laid open, the coagula turned out, the bleeding point or source of the hemorrhage brought distinctly into view, and the delinquent vessel itself should be ligatured on each side of the aperture in its walls. But should the ligatures cut through, the actual cautery must be applied to the bleeding point, the primitive carotid artery should be firmly compressed against the cervical vertebrae by the surgeon's thumb or fingers applied on the anterior part of the corresponding side of the neck, between the larynx or trachea and the inner border of the sterno-cleido-mastoid muscle, with force enough to press the artery backward and inward against these vertebrae, and flatten it thereon. Should this procedure fail, it will be advisable, especially in cases where the bleeding proceeds from tonsillary abscesses, to ligature at once the primitive carotid artery.

Green Oysters.

We take the following from the *Brit. Med. Jour.*, September 29, 1883:

In the Biological Section of the recent meeting of the British Association for the Advancement of Science, at Southport, Professor Lankester, F. R. S., gave an account of an investigation he had made into the coloring matter of the green oyster. The cause of the green color in the oyster was decided fifty years ago by a French oyster-cultivator, who was in the habit of producing them for the Paris market. This gentleman found that in the ponds in Normandy in which these oysters were produced, there was always a green deposit. He thought it was a vegetable substance, and called it *Vibrio ostrearis*. It had since been maintained that it resulted from the contact of the oyster with copper, and it had been alleged that cases of poisoning had in consequence occurred. The explanation, though plausible, as there were minute quantities of copper in the tissue of the oyster, was not the real one. The green substance to which he had referred, had been found to be living protoplasm. It came from a microscopical organization known as the *Micula ostrearis*. This organism was swallowed with the water by the oyster, was absorbed into the blood, and the coloring matter was deposited on the surface of the gills and the labial tentacles. It imparted no particular flavor to the oyster, for he would defy any man to distinguish between the green oyster and the white one with his eyes shut.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The *North American Review* for November, by the liveliness and the sterling worth of the articles it contains, satisfies the requirements of the most exacting reader. Senator H. B. Anthony writes of "Limited Suffrage in Rhode Island," giving incidentally a highly interesting sketch of the early constitutional history of that little commonwealth, and setting forth the considerations which influenced its people in restricting the exercise of the electoral prerogative. Dr. Norvin Green, President of the Western Union Company, in an article entitled "The Government and the Telegraph," cites the provisions of the Federal Constitution and the determinations of the Supreme Court which appear to debar the General Government from assuming the management of the telegraph lines; and presents statistics designed to prove that the service in this country is both cheaper and more efficient than in any of the countries of Europe, where the governments own the lines. The Rev. David N. Utter brings out from oblivion the record of certain alleged atrocious crimes of "John Brown of Ossawatimie." There are two scientific articles, namely, "Solar Physics," by Professor Balfour Stewart, and "Modern Explosives," by General John Newton. W. H. Mallock contributes "Conversations with a Solitary," an imaginary passage-at-arms between a Radical and a Conservative, in which the two opposing theories of government and society are advocated with rare spirit and ingenuity of argument. In "Suggestions in Regard to the Public Service," Green B. Raum offers certain facts going to prove that the clerks and other employes of the government departments at Washington, even before the passage of the Civil Service act, were in the main both faithful and efficient. Finally, "Dr. Hammond's Estimate of Woman," is reviewed by Mrs. Lillie Devereux Blake, Miss Nina Morais, Mrs. Sara A. Underwood, and Dr. Clemence S. Lozier. Fifty cents a copy; \$5 a year. Published at 30 Lafayette Place, and sold by newsdealers generally.

BOOK NOTICES.

The Collective Investigation of Diphtheria. Edited by J. J. Mulheron, M. D., Detroit, Mich., 1883. 1 vol. 8vo., pp. 120. Price, cloth, \$1.00.

The plan on which this work is composed is as follows: Circulars containing a number of in-

quiries, chiefly theoretical in character, were addressed to physicians and their opinions asked; also the facts in support of those opinions. Having the replies, of course as varied and as contradictory as most medical opinions are (we all know how that is), the daring editor strikes a balance, and delivers his verdict, "acting," as he tells us, "judicially in the matter."

We shall not at present proceed to discuss the conclusions reached by this plan. They are not more open to criticism than most theories about diphtheria. They may, and we hope they will, aid in solving the enigma of that dread disease. But we cannot refrain from doubting results so attained. The method employed appears to us totally inapplicable to the problem. The patient investigations of one competent, unbiased worker, were worth the "opinions" of no matter how many "leading practitioners in different States." This is no question to be settled by an appeal to the ayes and noes, as the editor seems to think. The "facts" on which the "opinions" are based are just as deceptive as all facts are which are not approached by strict methods. In fine, "collective investigations," in such directions are in the highest degree delusive.

The Physiological Factor in Diagnosis. A Work for Young Practitioners. By J. Milner Fothergill, M. D. New York: Wm. Wood & Co., 1883. 1 vol., 8vo., pp. 256.

Dr. Fothergill wields a portentously fluent pen. He turns out book after book, letter after letter, for students, for young practitioners, for old practitioners, for the public, with a rapidity that excites amazement. His style is popular, and he has a pleasant knack of putting very well known and quite familiar facts in such a way that his readers at first sight almost think they are discoveries of his own!

In the volume named above, whose title is almost the only obscure sentence it contains, he discourses of such matters of diagnosis as the family history, the physiognomy, the tongue, respiration, pulse, bowels, urine, temperature, etc., tells how they are affected in various diseased conditions, what prognosis these changes permit, and in passing drops a number of therapeutic hints, new and old, and a good deal of advice to the junior physician how to behave, what to say, what not to say, etc., etc. It is a readable book, and one that no one, youthful or mature, would regret an hour or two spent over.

—Dr. H. P. Bowditch has been elected Dean of Harvard Medical School.

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M. PASTEUR AND HIS PARENTS, AND HIS
CHILDHOOD HOME.

Many of our readers will doubtless be glad to have a translation of M. Pasteur's address to the people of Dôle on the occasion of the affixing of a commemorative tablet on the house in which he was born, which we note in the *Microscopical News*, London, October, 1883. The tablet says simply, "Here was born Louis Pasteur, December 27, 1882." M. Kaempfer, who represented the Ministry of Public Instruction and Fine Arts at the ceremony, said: "In the name of the Government of the Republic, I salute this inscription, which commemorates the fact that in this small house, in this small street, was born one who was to become one of the greatest of scientific men in a century distinguished by the greatness of its science, and who, by his admirable discoveries, has increased the glory of the country and deserved well of humanity."

M. Pasteur's reply was as follows: "I am deeply touched by the honor which the town of Dôle has conferred upon me; but permit me, while expressing my gratitude, to deprecate this excess of glory. In rendering to me the homage which is usually rendered only to the illustrious dead, you encroach too hastily upon the judgment of posterity. Will it ratify your decision? And ought not you, Mr. Mayor, to have prudently warned the Municipal Council against so hasty a resolution? But having protested against this outburst of an admiration which I do not merit, permit me to say that I am touched to the bottom of my heart. Your sympathy has united in this commemorative tablet the great things which have been at once the passion and the charm of my life—love of science and reverence for the paternal home. O, my father and my mother!—O, my dear departed, who so modestly lived in this little house, it is to you I owe all! Your enthusiasms, my brave mother, you transmitted them to me. If I have always associated the greatness of science with the greatness of the country, it was because I have been full of the sentiments with which you inspired me. And you, my dear father, whose life was as rude as your rude trade, you showed

me what patience and sustained effort could accomplish. It is to you that I owe the tenacity of my daily work. Not only had you the persevering qualities which make life useful, but you had an admiration for great men and great things. 'Look above, learn there, seek to rise always,' this was your teaching. I see you again, after your day's labor, reading some story of battle from a book of contemporary history which recalled to you the glorious epoch which you had witnessed. In teaching me to read, it was your care to teach me the greatness of France. Be blessed, both of you, my dear parents, for what you were, and let me transfer to you the homage which is to-day bestowed upon this house. Gentlemen, I thank you for giving me the opportunity of saying aloud what I have thought for sixty years. I thank you for this celebration and for your reception, and I thank the town of Dôle, which does not forget any of its children, and which has borne me in such remembrance."

MICROBOMANIA AND MICROPHOBIA.

The symptoms and effects of these two maladies are wittily described by M. Paul Somans in the feuilleton of a recent issue of the *Gazette Médicale de Paris*.

In connection with the numerous maladies, or rather symptoms, which have recently been described, such as agarophobia, claustrophobia, morphiomania, etc., there is a new mental disease, which is making great ravages among our medical brethren. I speak of microbomania and its indispensable corollary, microphobia.

Microbomania is an affection of adult or middle age, sometimes attacking those in advanced years. It is most frequently observed among the best educated physicians, those most given to biological research, and almost always ambitious.

It is characterized at the début by a great desire to be spoken of in the scientific world, accompanied by a slight degree of fever and a strong resolution to discover by the aid of the microscope certain mobile corpuscles in the blood or other liquids of patients suffering from the most diverse maladies.

The desire is soon followed by acts calculated to satisfy the special craving.

In the end the presence of corpuscles is averred in impudism, measles, scarlatina, even in mumps, and the minute organisms are charged with all the crimes imputable to each pathological individuality.

But if, perchance, several individuals under the influence of this form of mania should concentrate their attention on one and the same disease, they are very apt to describe widely differing microbes.

But this mischance affects them very little, the noise raised by their discovery, and the discussion it provokes, brings their names before the scientific world, and that generally suffices for the cure of the disease; but relapses are frequent. Microphobia is more frequently observed than the other, and its ravages increase in proportion to the discoveries made by the microbomaniacs. The married physician, with the constant fear of microbes before his eyes, dreads the approach of his children until he has removed his outer clothing and made antiseptic ablutions. But happily carbolic acid has penetrated to the most distant climes, and enables the microphobic physician to return to his family circle.

THE AIMS OF MODERN THERAPEUTICS.

At the last meeting of the German Association of Naturalists and Physicians, a thoughtful essay with the above title was read by Prof. Liebermeister, of Tübingen.

He began by referring to the prevalence of therapeutical skepticism and Nihilism, and maintained that there is no occasion for the despairing of the progress of this branch. Looked at broadly, the transformation in recent times had been from an anatomical to an etiological method. With regard to the great field of prophylactic therapeutics, the doctrine of a *contagium vivum*—not new, but newly demonstrated—has had vast results. The means of prevention may be classified in two categories, direct and indirect means. To the former belong the precepts of hygiene and sanitation; to the latter, such discoveries as inoculation and vacci-

nation, and the limitation of tubercle by early treatment of catarrhal affections of the lungs, which, the speaker maintained, had been shown to afford a favorable breeding-spot for the tuberculous bacillus.

As for therapeutics applied to existing diseases, its aims were defined to be at present the acquisition of greater knowledge in three directions, each of which has shown itself to be full of promise.

The first of these is the discovery and right use of *specifics*. Examples of these are quinine in intermittents, mercurials in syphilis, salicylic acid in rheumatism, santonine in verminous affections, etc. The speaker expressed great confidence that in the future this list will be extended to include equally efficient means against cholera, diphtheria, and tuberculosis.

The second is the *alterative* method. This proceeds from the idea of changing the physiological actions and thus promoting restoration to health. Mineral and thermal waters, bathing, medical gymnastics, change of climate, electricity, massage, etc., are the therapeutic agents here employed, and their results are eminently satisfactory in a vast number of cases.

Finally, in general, the *expectant-symptomatic* method is that most promising in the greater number of diseases. Here the attention is directed mainly to reducing threatening symptoms. That very solid ground has been gained in this domain is obvious by the fact that the mortality of typhus has been reduced one-half since the adoption of antipyretic measures.

On the whole, the speaker claimed that we have no reason to feel discouraged when we survey recent progress in therapeutics, and still less to allow ourselves to fall into a state of chronic distrust of our abilities to prevent and to cure disease.

INTRODUCTION OF TUBERCULOSIS BY THE ALIMENTARY CANAL.

That animals may be inoculated with tuberculosis, by means of tuberculous matter introduced with the usual food, is a fact demonstrated by Villemin and other experimenters.

Strong presumptions are in favor of the supposition that the malady is sometimes acquired in this way by the human subject.

This would seem to be the case for infants fed with the milk of cows affected with la pommelière, which is supposed to be tuberculosis as it appears in the bovine species. M. Bollinger (*Biarrisches Intelligenz-Blatt.*), has after careful research discovered the bacilli of Koch in the mammary glands of a cow affected with this disease, and also in the milk contained in the excretory ducts of the gland. Some of the liquid taken from the ducts was introduced into the peritoneum of a guinea pig. The animal succumbed eleven days later, presenting a milary tubercularization of the spleen and peritoneum.

There can be then no longer any doubt that the raw milk of phthisical cows is capable of transmitting tuberculosis.

It remains to determine whether boiling may remove its unhealthy properties, a subject of such importance that it will, no doubt, provoke ulterior experimentation.

CONSULTANTS AND GENERAL PRACTITIONERS.

Dr. A. H. Newth publishes a paper on this subject in the *British Medical Journal*, October 6, 1883, which contains some suggestions that may prove valuable to us, in view of the present over-crowded condition of our profession.

He deplores the fact that in England the consultants do not treat the general practitioners with fairness, but make use of their favorable positions to rob their brethren of their patients; and to remedy this condition he makes the following suggestions, which we reproduce and recommend to our readers:

1. That there should be a distinct grade of consultants.
2. That consultants should see patients only in association with a general practitioner, either by correspondence or by a personal interview.
3. That prescriptions and letters of advice should be given to the medical attendant, and on no account to the patient.

NOTES AND COMMENTS.

Dilatation of the Colon.

In the *Dublin Jour. Med. Sci.*, July, 1883, Dr. Henry Kennedy publishes a paper on some of the forms of dilatation of the colon. He begins by observing that the affection is frequently overlooked; and in confirmation of this he details some cases which were so obscure as to prevent any diagnosis being arrived at, and others in which the diagnosis was wrong. He believes, nevertheless, that a correct diagnosis could be made; but it is necessary that the idea of such a possibility should in the first instance be entertained. The condition of the patients who have this affection is always that of impaired health. With this state when the patients, who are usually thin, are examined lying on their backs, there is chronic tympany, though not necessarily to a great degree. Pressure on the abdomen does not cause pain. In conjunction with these symptoms the author states that the main characteristics of the disease are the fecal discharges—always dark, pasty, and unformed. He insists particularly on the persistence of such discharges for weeks, months, and even years, during which periods the patients are constantly subject to attacks of diarrhoea, acute or chronic, and are liable even to perforation of the bowel and rapid death. Having detailed cases, he considers the prognosis should always be guarded. Treatment could much benefit these cases, but he doubts whether a complete cure can be effected.

The Radical Treatment of Varicocele by Inter-venous Injections of Alcohol.

In *Vrach. Vedom.*, 1882, 540, Kranzfeld describes a simple and easy treatment of varicocele which had been successfully practiced in seven patients by Dr. G. T. Dukhnovsky, of Odessa Military Hospital. The method consists in the injection of 55 to 90 per cent. alcohol into the subcutaneous cellular tissue surrounding the spermatic veins. The needle of a Pravaz's syringe is introduced under the skin at any point facing the dilated veins, and is brought, with the help of the operator's left hand, as nearly as possible to the diseased vessels; then the syringe is slowly emptied. The injection causes only moderate burning pain, lasting from half an hour to three hours. On the next day after the operation there appears a considerable, but almost painless, swelling of the parts, which is at first soft, then becomes tenser. The injections are repeated at three or four days' intervals, from three to ten times, according to the

demands of the case. Finally the spermatic veins are transformed into thin hard cords. In all the seven patients of Dr. Dukhnovsky cure was complete (at least the patients remain quite well as yet). The same method proved equally efficacious in two cases of dilated veins of the leg.

Loss of an Eye from Sewer-gas After Extraction of a Cataract.

To the *Am. Ophth. Ass.*, Dr. McKay, of Wilmington, reported the case of John H., a German brewer, sixty-one years of age, who was operated upon April 16, 1882, for senile cataract, without an anæsthetic, by Graefe's method of linear extraction. The upward operation was performed satisfactorily, and without accident. He counted fingers immediately after the operation. The eye was covered with absorbent cotton and a light flannel pressure bandage, without the further introduction of a mydriatic. Three days and a half after the operation the bandage became somewhat loosened. The eye was examined, and atropine was introduced. The incision had closed; the cornea was clear; the pupillary field was dark, and vision, tried for a moment, was very encouraging. The patient subsequently showed symptoms of some general disease, evidence of contamination of the atmosphere by sewer-gas was detected, and finally the eye was lost, in consequence, as Dr. McKay believed, of the poisoning of the general system produced by this noxious agent.

A Case of Primary Epithelioma of the Auricle; Removal of the Entire Auricle by the Thermo-cautery.

Before the American Otological Society (N. Y. *Med. Jour.*, July 28, 1883), Dr. W. W. Seely, of Cincinnati, read a paper on this subject. A man, sixty years of age, was bitten on the ear by a rat six years ago. The wound never healed, but was finally succeeded by the growth which was removed. During the last year the latter had increased in size rapidly, and bled easily on irritation. The original wound was near the summit of the helix. The tumor was removed by means of the thermo-cautery, the hemorrhage being only slight. The entire surface of the stump was covered with a thick layer of powdered boric acid, and the patient was sent home within five weeks with a perfect scar. Dr. Seely regarded primary epithelioma of the auricle as rather rare. Although in this case the thermo-cautery acted well, he thought the knife, with torsion of the arteries, was preferable. He also believed that

under the boric-acid treatment the healing period of the wound was reduced at least one-half.

A Colony of *Ascarides* as a Cause of Death.

The *Dublin Jour. Med. Sci.*, August, 1883, says: Dr. Egeberg (*Norsk Mag. f. Lægevid.*, Third Series, Vol. XII., "Proceedings of the Norwegian Medical Society, and *Nordiskt med. Arkiv.*, Vol. XV., Part I., 1883,) exhibited before the Norwegian Medical Society a portion of intestine from a girl aged four years, who, when two years old, had discharged a lumbricus in a bloody motion from the bowels. She had subsequently been healthy, except that off and on she had transitory pains in the abdomen. On the evening of the 11th of February she was attacked with violent pains in the stomach and incessant vomiting, but there was no evacuation of the bowels; she became collapsed, and died next morning, twelve hours after the occurrence of the first symptoms. At the autopsy evidences of peritonitis were discovered, and the terminal portion of the small intestine for about eighteen inches upwards from the valve of Bauhin (ileo-cæcal valve) was completely crammed with lumbrici. No other cause for the peritonitis could be detected.

A Rare Foreign Body in the Eye.

Dr. Harvey Scott reports this case in the *Brit. Med. Jour.*, September 22, 1883:

"As senior medical officer of the military escort which proceeded with King Cetywayo to Zululand, an uncommon case came under my observation. A native driver (Cape boy), one day, whilst lying down under a wagon, became conscious of the existence of a foreign body in his left eye. Having tried all the usual methods of removing it himself without success, he presented himself at the field-hospital, where, upon everting the lower eyelid, a foreign body was plainly visible on the surface of the cornea, which, on closer examination turned out to be a living tick (*Ixodes*), common in South Africa. The tick was tightly fixed to the cornea, but was compelled to relinquish its hold by being grasped between the blades of a very fine forceps. After removal, the insect was placed on my hand, and appeared as vigorous as possible. No inflammation ensued. I mentioned this case to all the local practitioners here, but none of them had ever heard of such a case."

Fracture of the Sternum.

Before the Pathological Society of London (*Lancet*) Mr. Arbuthnot Lane showed a specimen

of fracture of the sternum at the junction of the first and second pieces, and dislocation of the second and third left costal cartilages from their ribs. There was no fracture of ribs and vertebra. He also described a form of articulation that was found in the first costal cartilage when it became sheathed in bone. This might be either a single arthrodial joint or one of two forms of mixed articulation. These conditions were exemplified in the specimen shown. Their purpose was to obviate the rigidity of the cartilage, and to allow of the free movement of the sternum in respiration. Mr. Pitts thought it was difficult to account for the nodule of bone on the back of the sternum, which appeared to be a fragment of a comminuted fracture, and yet there was no indication of where the piece was detached from. Could the nodule be due to some secondary change about an old fracture? The point in reference to the joint of the first costal cartilage was a very interesting one.

Case of Peculiar Alteration of the Shoulder-joint in Infantile Syphilis.*

The *Boston Med. and Surg. Jour.*, October 11, 1883, says that Troisier reports the following unusual clinical history, which, before death, was considered as an instance of syphilitic pseudo-paralysis, described by Parrot:

A child, seven weeks old, was brought to the hospital with evidence of hereditary syphilis and a congenital hare-lip, which was operated on successfully when the child was twelve weeks old. The patient could not move the left arm, and if lifted, the arm would fall as an inert mass, but voluntary motion of the fingers and slight contraction of the biceps were possible. After death it was found that there was no alteration in the joint proper, but the epiphyseal cartilage was separated from the diaphysis by a layer resembling thickened pus, and on traction the epiphyses could be completely pulled away from the diaphyses in the femora. Several of the bones gave evidence of gelatiniform atrophy.

Blindness Following Facial Erysipelas.

Before the New York Society of German Physicians (*N. Y. Med. Jour.*, October 13, 1883), Dr. Ernst Schottky related a case of facial erysipelas followed by blindness. It was that of a man forty years old, who had tertiary symptoms of syphilis already. The erysipelas began in the pharynx and the nasal cavity, and thence extended over the cheeks and forehead. The lids became so

much swollen that the eyes could not be opened for several days. The eyeballs were protruded. When the eyes could be opened at last, the sight of both was found to be entirely abolished. The pupils were contracted, but subsequently dilated again. Several deep incisions were made into the orbit, but no pus came, nor did they have the least effect upon the eyesight. He had remained completely blind ever since. During his illness he had also shown a peculiar idiosyncrasy against quinine, which drug produced urticaria.

Tetanus Treated with Curare and Chloral.

The *Med. Press*, Oct. 3, 1883, says a case of a three-year-old child who received a severe crush of the calf of the leg is reported by Dr. Hjorst in the *Norsk Magaz. für Lægevidensk.* Under antiseptic treatment of the wound the patient did well until the thirteenth day, when symptoms of tetanus developed. Morphia and chloral gave some relief by the rectum, but the disease became more marked. On the twenty-fifth day the child's condition seemed hopeless, and after consultation it was decided to give hypodermically an injection of curare (gr. $\frac{1}{4}$), which was repeated at the end of three hours increased to $\frac{1}{4}$ gr., which gave decided relief. The next morning an injection ($\frac{1}{3}$ gr.) was given; the patient was decidedly more comfortable; chloral was again given by the rectum at night. The next day patient was much better, and had spontaneous diuresis and evacuation from the bowels. Convalescence gradually was established.

Internal Strangulation of the Bowels—Laparotomy.

Dr. A. B. Atherton reports two cases in the *Boston M. and S. Jour.*, June 7 and 14, 1883, and concludes with the following remarks:

The history of both my cases seems to forcibly impress on us the importance of operating in all such instances as early as possible after a correct diagnosis has been made, and after, of course, a certain amount of trial has been had of opiates and the use of large enemata through a long tube. Just as in strangulated hernia the danger consists more in delay than in the operation, so to a certain extent it is with internal strangulations. It would undoubtedly have been better for both my patients had the operation been done a day or two sooner than it was.

Surgery and Different Races.

The *Med. Times and Gaz.*, July 21, 1883, says that Von Brinton has contributed to the *Wiener*

Med. Woch. (No. 28) an article on the behaviour of different races towards surgical interference. The black races and Oriental nations bear operation the best; next comes the Anglo-Saxon family, and then the Latin race. The small mortality of the Chinese and Japanese after operations is well known. Pyæmia is of very rare occurrence in China. Only eight died out of 138 operated on for lithotomy. Similarly, the Japanese enjoy immunity from pyæmia, septicæmia, tetanus, and erysipelas. Of the Americans, the negro stands surgical interference best. Even in overcrowded and ill-ventilated hospitals, the negroes did better than the white-races. Germans do well because of their phlegmatic constitution; and Irishmen also, but on account of their elasticity of spirits.

Traction Suture.

Dr. Oscar H. Allis thus writes in the *Annals of Anatomy and Surgery* for September, 1883:

It not infrequently happens when a large portion of integument has been cut away—as in removal of the female breast—that the healthy borders cannot be fully approximated; and even an attempt to do so is accompanied with such a degree of tension that the sutures soon cut their way out. To distribute this tension, I have employed the following device:

After drying the skin thoroughly, I apply strips of adhesive plaster from the margin of the wound in the direction I wish the sutures to hold. I then pass my needle deeply through plaster and skin. After the sutures are in position, and before tightening them, I request an assistant to approximate the margins of the wound by pressure from his hands, while I secure them by twisting the wire.

Sutures employed in this manner have a firm hold upon the plaster, exert their traction upon a large surface, are less irritating and harmful, and will continue an efficient action much longer than the ordinary integument sutures.

Pathognomic Sign of Fracture of the Cervix of the Femur.

The *Med. Times and Gaz.*, August 11, 1883, says that Prof. Bezzi, after showing, in the *Spallanzani*, the difficulties and uncertainties which often attend the diagnosis of this accident, observes that at the Milan Hospital a traditional practice exists of exploring, whenever fracture of the neck of the femur is suspected, the short space between the trochanter and the crest of the ilium. In place of the considerable resistance which is there produced in the sound limb through the tension of

the tensor muscle of the fascia lata, there is found, when the injury has occurred, a deep depression, due evidently to the diminution in the tension of this muscle, owing to the approximation of its points of attachment.—*Presse Méd. Belge*, July 29.

Operation in Peritonitis.

The *Med. Times and Gaz.*, July 18, 1883, says :

In the number for May 26, the *Revue Médicale* relates a case in which it designates "as an example of how, in the domain of affections of the abdomen, surgery, for the great benefit of mankind, is making daily encroachments on the territory of its old sister, medicine." A delicate child of eight years of age, who had not had any serious illness before, came under the care of Dr. Reibel, who reported the case to the Strasburg Medical Society. It was the subject of a generalized peritonitis, which by the tenth day exhibited a great amelioration. On that day a relapse ensued, and the disease assumed a more and more menacing character, so that the child's death seemed to be imminent. Dr. Reibel resolved to evacuate the effused liquid from the cavity of the peritoneum, and wash it out with a carbolic acid solution. The abdomen having been opened, no liquid was found in the peritoneum, but this was washed out with tepid carbolic acid, and the child eventually recovered. An example of peritoneal tolerance, at all events !

Paralysis Following Simple Catarrhal Sore Throat.

The *Medical Record*, October 6, says :

Dr. Lentz reports in the *Gazette Médicale de Strasbourg* for September 1, 1883, two cases of catarrhal sore throat followed by grave visceral lesions. In the first case there was albuminuria, and in the second paralysis of the lower extremities and retention of urine. From a study of the cases he concludes as follows :

1. Simple catarrhal sore throat may be followed by grave phenomena, such as albuminuria or paralysis.
2. It seems to be in some cases the manifestation of miasmatic poisoning.
3. The paralysis is the result of a direct and specific action of the virus, upon which depends also the sore throat, and is not, as claimed by some, due to weakness following acute disease.

Ossification of the Choroid.

Before the American Ophthalmological Society (*New York Medical Journal*, July 28, 1883), Dr. Kipp read a paper describing a case of very extensive ossification of the choroid occurring in a

young man who, when first seen, ten years ago, had a chalky cataract, to which the pupil was everywhere adherent. As there were at that time no symptoms of irritation of the eye, and the case was hopeless so far as sight was concerned, no treatment was advised. The boy had been born with the cataract, according to the mother's statement. Ten years afterward, the eye became painful, and presented the appearance of iridocyclitis. The eye was removed, and, on examination, the osseous plate lined the inner side of the choroid as far as the ciliary processes.

To Stop Hiccough.

The *N. Y. Med. Record*, July 21, 1883, says that Dr. Shaw, of Cincinnati, states that he has often succeeded in this by following Dr. Kinnaird's procedure. "His method was to place the tips of the fingers of both hands in the position of complete supination against the abdominal muscles, at the lower and outer junctions of the epigastric with the hypochondriac regions. With the finger-tips in this position, firm and very gradual pressure is made backward and upward against the diaphragm. This pressure should be continued for some little time after the diaphragm has ceased its spasmodic contractions, when the fingers should be very gradually withdrawn."

The Plastic Surgery of Tendons.

The *London Medical Record*, June 15, 1883, tells us that Henck (*Centralbl. für die Med. Wiss.*, February 17,) says that, for four weeks after a rupture of the tendon of the flexor longus pollicis, Czerny found the divided ends more than 2½ centimètres apart (0.78 English inch), and it was only possible to approximate them within four-fifths of an inch of each other. A longitudinal division of each end was made, and the two portions united with catgut sutures, so that the tendon could be brought as nearly as possible to its normal position. The result was very successful. Four weeks after the operation, considerable movement of the hand had been recovered; the only difference was that the distal finger-joints of the left hand could not be quite so entirely flexed as on the right.

The Co-existence of Chancre and Chancroid.

The question as to whether this is possible receives some affirmative confirmation from a case reported in the *Med. News*, October 20, 1883, by Dr. John Ferguson, of Toronto. The patient, a medical student, in whose word Dr. F. seems to have implicit confidence, had connection on the

same evening with two women. Three days afterwards he had a chancre; five weeks subsequently he had a chancre, followed by constitutional syphilis, though in the meantime he had not had connection with any woman. It was ascertained that one of the women was suffering from chancroids, and a man who had connection with the other woman at about the same time, subsequently had constitutional syphilis.

Treatment of Vascular Tumors without Operation.

The *Med. News*, September 1, 1883, says that Floriani has recently treated six cases of telangiectasis with sublimate collodion (3.20). The collodion is put in four layers by means of a camel's hair brush, each layer being allowed to dry thoroughly before the next is applied. On the fourth day the edges are raised, and a second series of four applications are made, this being repeated every fourth day until the swelling disappears and the edges are depressed. After the crust falls off, the place seems depressed and reddened, but soon resumes its normal color. This treatment is painless, and requires only one or two months to cause an angiomatic tumor to disappear.—*Allgem. Wien. med. Zeit.*, No 32, 1883.

Rupture of Popliteal Artery and Vein.

In the *Brit. Med. Jour.*, June 30, 1883, Mr. F. E. Manby describes a case of complete traumatic rupture of both popliteal artery and vein (left), complicating a simple fracture of the lower third of the femur. The injury was from direct violence, and there was no evidence that the injury to the vessels was caused by the bone. The interest in the case was in the fact that both ends of the artery were "classically" plugged; and the very great bleeding which had taken place into the muscular planes was almost solely venous. Amputation at the upper third of the thigh failed to save the patient, who died in twelve hours from shock.

Dislocation of the Humerus from Sneezing.

Dr. William Rickert reports in the *Maryland Medical Journal* for September 29, 1883, the case of a man, who, while cleaning a house, felt an inclination to sneeze. He stopped work, and raising his left arm above his head, supported himself with the other hand against the side of the stable. While in this position he sneezed, and immediately felt that something was wrong with his shoulder. Examination showed an infraclavicular luxation of the head of the humerus, which was quickly reduced under anæsthesia.

The Influence of Fracture on the Growth of Bones.

According to some observations reported to the Academy of Medicine in Ireland by Mr. J. Davidson (*Lancet*, September 29, 1883), fractured bones exhibit a marked increase in size in all dimensions, being both heavier and longer.

CORRESPONDENCE.

Two Interesting Cases of Needles in the Body for a Considerable Time.

EDS. MED. AND SURG. REPORTER:—

In the number of your journal for October 20, 1883, I see a notice of the presence of "a needle forty-six years in the body," as reported by Dr. C. I. Walton. As these cases are very interesting, illustrating the immunity with which the living tissues bear the presence of a foreign body, without serious inconvenience, I would report that I removed a needle from the left thigh of a young lady aged twenty-six years, which, from positive evidence, had entered the right arm at the early age of two years. The presence of the needle was well known to her parents, and at intervals of her life frequent sharp neuralgic pains had been complained of, extending over the thoracic region, and latterly around the pelvis; an acute lancinating pain directed attention to the left thigh, and about midway in the soft tissues, at the posterior portion, I detected the foreign body. As in Dr. Walton's case, I had to make an incision, and it required considerable force to extract the needle. It was blackened and rough, and examination showed that it was of a pattern not at present manufactured. The migratory tendency is here illustrated, as this body had traversed from one side to the other, and though suspected, had in the long period of twenty-four years failed to be detected.

I would also report in this connection that I was called to operate in consultation a few months since upon a suspected aneurismal tumor in the right thigh, in a lady aged sixty-five years. Not satisfied in my own mind as to the correctness of the diagnosis, I determined to make an exploratory incision, and evacuated about one pint of semi-purulent pus from a large abscess, bound down by the fascia lata. Upon exploring the cavity, I detected a small, thin, sharp body imbedded in the body of the femur (lower third). I withdrew, without trouble, two-thirds of an ordinary needle. The case made a prompt recovery under the usual antiseptic treatment. Investigation showed that the needle had entered the thigh about six months since. Coming in contact with the bone, it had then set up inflammation, with the usual results, which, in this instance, threatened life, and with some reasonable doubt, simulated a formidable surgical lesion.

These two cases may be of interest to your readers and the profession as an evidence that while some may escape with impunity, and carry foreign bodies for a long period, others may suffer serious injury.

J. SOMERS BURST, M. D.

Charleston, S. C.

NEWS AND MISCELLANY.

Statistical Comparisons Between the British and German Capitals.

The *Med. Times and Gaz.*, September 8, 1883, says:

London covers an area of over five and a half German square miles, Berlin of only one. The average number of inhabitants per house is eight in London, and not less than sixty-one in Berlin. The annual income value of all dwelling-houses in London is calculated to be 141 marks (or shillings) per head of the total population, in Berlin 148 shillings. During the year 1882, the proportion of all births in London was 34.3 per thousand, in Berlin 37.9, while that of deaths was 21.4 and 25.9, respectively. It will thus be seen that while the natural increase is slightly greater in the German capital, its death-rate is also higher than that of the British metropolis. During the past year the total increase of the population was 62,047 in London, and 35,691 in Berlin. The ideas of cleanliness seem to be much more developed in England than Berlin, for while the annual consumption of water from the public mains is 136 litres per person in London, it is only 61 litres in Berlin, but then a great quantity of water is also taken from private wells in Berlin.

A Venerable Dame.

At Aubérine-en-Royans, a village in the Dauphiné, situated between Valence and Grenoble, may be seen an old woman living in a hut in a narrow street, who has reached the extraordinary age of 123 years. She has no infirmity except slight deafness, being in full possession of her mental faculties. Her age as given above is authentic, and according to her marriage certificate, she completed, in January last, her hundredth year since her marriage. The old lady was a "cantinière" under the First Empire, and had two sons killed at the battles of Friedland and in Spain. She is supported entirely on the alms given her by visitors who go from great distances to see her, as an object of curiosity, and her neighbors help her to do her household work. She lives almost exclusively on soup made with bread, to which is added a little wine, and sometimes a little brandy. Dr. Bonne, who practices in the neighborhood, states that she is never ill. Her skin is like parchment, but she is comparatively upright, and is of scrupulously clean habits.

Injurious Effects of Lead Preparations in Oilcloth.

In the *Lancet*, September 29, 1883, we read that the Council of Public Hygiene of the department of the Seine has been from time to time occupied with the question of the lead preparations sometimes used in the manufacture of oilcloths, etc., particularly with reference to the moleskin cloth used for lining children's carriages. According to the *Moniteur des Filis et Tissus*, the danger was considered to be of such a character that the members of the council requested the prefect of police to prohibit the use of such articles. According to analytical results, there is the liability of

injury to health by particles of the oilcloth containing lead (used for covering tables, etc.), becoming detached and coming in contact with the skin. Should vinegar be allowed to remain a certain length of time on such a material, the salts of lead would form soluble acetates. In urging on the prefect the necessity of his action in the manner indicated, attention is drawn to the fact that these cloths can easily be made without such preparations.

Cremation.

M. Brouardel, in a report on cremation to the Paris Council of National Health, states that he considers cremation to be opposed to the interests of justice. Crime would rest undetected, and the wrongly accused could not be exonerated. During epidemics, the danger to public health would be increased rather than lessened by the practice of cremation, inasmuch as the different processes require longer personal contact than does simple burial. The council has adopted M. Brouardel's views, and voted against cremation. M. Kechlin-Schwartz, president of the Society of Cremation, has addressed to the prefect of police the following objections to M. Brouardel's statements: "After cremation, traces of mineral poison are detected in the ashes, and these are always preserved. Vegetable poisons would escape detection; but equally so after inhumation, when the body would be decomposed. In cases of cremation, personal contact is not more prolonged than in ordinary burial. The chief difference lies in the fact that in one hour the body is destroyed by fire, instead of undergoing slow decomposition, and giving off pestilential miasmata to poison the neighboring population."

Peculiarities of Chinese Patients.

According to Dr. Brown, of San Francisco, the Chinese must make very good patients, for they invariably carry out instructions to the letter, are very grateful, and always pay their bills. Constipation is almost unheard of among them. Their children at birth are usually much smaller than white babies, six pounds being the average weight. They use paper on the lying-in bed as a protection, and thin paper as napkins for the lochia. It has the appearance of a muslin fabric, being thick and soft. It is prepared, however, from a stout paper of a light brown color, smooth and bearing no resemblance to that in use. The mode of preparation consists simply of crumpling and rubbing it with the hands. Being tough and thick, it is completely transformed by this process, and makes a soft fabric, almost impermeable to water and admirably fitted for temporary protection to the bedding, one sheet being replaced by another as soon as it has become soiled. Lacerations of the cervix are very rare among them.

The Origin of Cholera.

A correspondent thus writes to the *Brit. Med. Jour.*, October 6, 1883:

"I have no work to refer to, but, if I remember rightly, butyric acid, when taken internally, produces symptoms like cholera; and the acid is formed when dead animal-matter is left for some

time in water. If this be right, then, as the Ganges and the Nile have presented the conditions favorable for the formation of the acid, may not some of the cholera near both rivers be accounted for? A great outbreak of cholera occurred in Shanghai in 1863, after the Taiping rebellion, and when the rivers contained numerous dead bodies."

Vermont State Medical Society.

At the annual session held at Montpelier, October 11 and 12, the following papers were read:

Dr. O. W. Sherwin, on "Jaundice;" Dr. L. M. Bingham, "Dilatation of the Oesophagus;" Dr. E. R. Campbell, "Hernia;" Dr. S. J. Allen, "A New Method of Localizing Bullets;" Dr. S. T. Brooks, "Duties and Rights of Experts;" Dr. O. W. Sherwin, "Physicians' Testimonials;" Dr. John B. Wheeler, "Venesection."

The following officers were elected for the ensuing year:

President—S. S. Clark, St. Albans.

Vice-President—C. M. Rugg, Hartland.

Secretary—J. S. Richmond, Woodstock.

Treasurer—Sumner Putnam, Montpelier.

Auditor—C. M. Chandler, Montpelier.

How Far are Dentists Doctors?

A curious legal question has come recently before the courts in Berlin. A young woman called on a dentist to have some teeth extracted. He told her that the operation would not be prudent in certain conditions of her system, and with her consent made a manual examination to ascertain her condition as to pregnancy, etc. Her family brought suit against him. The court of first instance acquitted him on the ground that he had acted within the proper limits of his profession; the higher court, however, reversed this decision, and sentenced him to eight weeks' imprisonment, stating that as a dentist he was not called upon to make such an examination, and that it was from improper motives.

General Hospital, Montreal.

Mr. George Stephen, President of the Canadian Pacific Railway, has presented the sum of \$50,000 to the General Hospital, in Montreal, to be expended in erecting one of the proposed new wings in memory of the late Dr. Campbell, Dean of the Medical Faculty of McGill University. The Medical Endowment Fund, or Campbell Memorial, of the University (which was set on foot at the semi-centennial banquet of the Medical Faculty last October by the generous offer of the Hon. D. A. Smith of \$50,000, provided an equal amount could be raised by subscription), has now become an actuality; and the sum named is stated to have been handed over to the University.

Puberty in Negresses.

As controverting the general belief that puberty occurs at an earlier age in negresses than among the whites, Dr. C. S. Taylor forwards the follow-

ing statistics to the *Lancet*, September 29, 1883: Out of twenty-one cases, menstruation appeared in one aged sixteen, in three at fifteen, in three at fourteen, in three at thirteen, and in two at twelve; whereas it had not appeared in one aged fourteen, in two aged thirteen, in one aged twelve, in one aged eleven, in another aged ten, one aged nine, and in two aged eight. It is further stated that many cases of negresses from eight to eleven years of age might be instanced, who have not yet had any menstrual secretion.

A Peculiarity of the Cholera Poison.

The Egypt correspondent of the *Med. Press*, October 3, 1883, says:

An intelligent Englishman at Maghagha told me that during the prevalence of the cholera there "a peculiar oppressive feeling was noticed in the air; all the birds disappeared, and did not return till the epidemic was over, and the leaves on many trees withered."

Medical Laws.

A correspondent asks us to give a brief statement of the medical practice laws of the different states. As such an account would be very interesting, we ask the coöperation of our readers, who will oblige us by calling the attention of the Secretaries of their State medical societies to our request for information on this point.

The Science of Hygiene is Progressing.

In his address before the American Academy of Medicine, Dr. Albert L. Gihon says:

"Hygiene, after struggling for existence as an adopted child of Physiology, is now dignified as a professorial chair in twelve schools, as an adjunct professorship in one other, and in three as a lectureship; while in other nine it is still tied to the maternal apron-string of Physiology."

The Pantograph.

At a meeting of the French Association for the Advancement of Science held at Rouen, M. Mallez presented an instrument of precision called a surgical pantograph, for measuring the dimensions of the enlarged prostate, and for demonstrating by the aid of graphic tracings the influence of treatment on the diseased organ.

The Paris Morgue.

The present building is to be pulled down, and the establishment will be transferred to the Caserne de la Cité. In 1804 the Morgue was removed to the old slaughter-house on Marché Neuf. The present Morgue was established in 1864.

Items.

—Quillai bark, after it has been used for making tincture, is said to be very useful for cleaning greasy bottles.

—According to a statistical return, there are no less than 2,432 female physicians in the United States.

—M. Jules Ferry, the Minister of Public Instruction, has decided that revaccination shall be made obligatory in all the colleges and lyceums in France.

—In the *Maryland Med. Jour.*, October 20, 1883, Dr. H. J. Berkley reports a case of malarial fever, in a man aged 35, in which the chill was replaced by a convulsion.

—The Sanitary Inspector of Chicago announces the discovery of numerous cases of cancer (?), generally of the tongue, among the cattle in the stock-yards of that city.

—It is reported that the Society of Friends in England has just repealed the prohibition of the marriage of first cousins, which has been in force in that body for nearly two hundred years.

—In the *Brit. Med. Jour.*, Dr. Peter Eade reports a case of asthma of a year's standing cured by galvanizing the neck. The current was applied daily for ten days.

—In the *N. Y. Med. Jour.*, October 20, 1883, Dr. H. Raphael reports a case of gonorrhœa with ulceration of the neck of the bladder, of four months' duration, cured by blisters to the perineum.

—The French papers report a centenarian named Marie Durand as having been born March 16, 1761; married to Claude Gerard in 1783; a widow for ninety-six years, and still alive at the ripe age of one hundred and twenty-two years.

—M. Chevreul, the venerable member of the Academy of Sciences of Paris in the Section of Physics and Chemistry, has just entered his ninety-eighth year. His mental faculties are quite sound, and he attends regularly the meetings of the Academy.

—Dr. Wm. S. Cheesman, of Auburn, New York, reports in *The American Journal of the Medical Sciences* for October, 1883, an interesting case of periostitis of the mastoid, with necrosis, in which the bone was trephined, and the patient made a good recovery;

—In the *Boston Medical and Surgical Journal*, September 20, 1883, Dr. M. D. Church reports a case of fatal suppurative hepatitis, due to a pin in the vermiform appendix. The pin was swallowed in August, and the illness did not begin until November.

—Dr. Paul Grossmann, of Omaha, Neb., reports in *The American Journal of the Medical Sciences* for October, 1883, an unsuccessful case of modified Porro-cæsiarian operation in a rachitic dwarf, aged twenty-three years, who had been in labor sixty-six hours. He feels confident that the operation would have been successful if it had been performed at the beginning of labor.

—In the *Brit. Med. Jour.*, September 22, 1883, Dr. James Barron reports the case of a girl aged ten years who drank an ounce of No. 5 Calvert's carbolic acid. She recovered. Treatment consisted of stomach-pump, heavy solution of magnesia, hot bottles to surface of body, and no food by mouth; after fifteen days she was fed in the usual way.

—Dr. G. Danford Thomas, coroner for Central Middlesex, in addressing the jury at an inquest on

the body of a child sixteen weeks old, found dead in bed by the side of its parents, said that every year he held over 120 inquests on children who had died under similar circumstances from suffocation.

—In our notice of American exhibitors at the Vienna International Pharmaceutical Exhibition, we omitted to name the firm of Seabury & Johnson, New York City, who displayed a full line of plasters, absorbents, antiseptics, and surgical dressings, and were awarded a diploma and a gold medal.

—The Supreme Court of Rhode Island has imposed a fine of several hundred dollars on parties in that State selling an "Acid Phosphate," and infringing on the rights to that name possessed by the Rumford Chemical Works. The disreputable and growing practice of infringing upon well-known and meritorious articles after they have acquired reputation, popularity, and value, should be discountenanced by all respectable dealers as it is by the courts, and the attempts of unscrupulous persons to build up a business upon the capital of somebody else, and thus perpetrate a wilful fraud upon the community, should be everywhere condemned.

OBITUARY NOTICES.

DR. PETER G. GELCICH.

Dr. Peter G. Gelcich died of yellow fever at Hermosillo, Sonora, Mexico, October 7, 1883. It appears that, owing to his severe labors in professionally attending upon the very numerous victims of the scourge whose sufferings he was called upon to relieve, Dr. Gelcich's whole system had become poisoned and enfeebled. Notwithstanding that, he kept at his post of duty, laying aside all fear, and putting forth all his strength and talent in the cause of humanity.

On the 3d day of October, after he had visited all his patients, he returned home, and within ten minutes he had all the symptoms of the fever. All was done to relieve his suffering, and every effort made to save him, but all in vain. For four days he grew worse, and on the morning of the 7th of October he died.

Dr. Gelcich was known as a man of large general intelligence and recognized medical proficiency, who performed valuable services for humanity during the prevalence of the fearful epidemic in Hermosillo. Many of his patients recovered under his effective treatment, and he acquired deserved popularity among all classes. He leaves a wife and seven children in Hermosillo, and a brother, Dr. V. Gelcich, in Los Angeles, to mourn his death. The latter, who is plunged in grief by this affliction, said of his dead brother: "He expired like a good Christian, knowing that he had performed his duty. All Hermosillo has shed tears for his loss."

MARRIAGE.

BRIDGES—CUSHMAN.—At Mattoon, Coles county, Ill., October 18, 1883, by the Rev. W. S. McKellar, Dr. V. R. Bridges and Miss Jenny Cushman.